

TYRONE MARTIN

VS.

CASE NUMBER

1. SECRETARY OF CORRECTION*

2. KEVIN KAUFFMAN - (SUPER.)*

3. TIMOTHY MYERS - C/O*

4. RYAN KANAGY - C/O*

5. BRENT DICKSON - C/O T.*

6. BRAD D FAZENBAKER - C/O*

7. SAMUEL BICKEI - C/O*

8. KEVIN BARGER - C/O*

9. JOHN NEUMANN - (MAIL ROOM)*

10. SUSAN GAFF - LT*

11. MATTHEW MORRISON - C/O*

12. MELISSA ROSS - (X-RAY TECH.)*

13. WILLIAM DREIBELBIS - MED.*

CIVIL COMPLAINT

FILED
SCRANTON

OCT 18 2016

PER  DEPUTY CLERK

THIS CIVIL COMPLAINT IS BEING FILED UNDER
42 & US 1983 (STATE OFFICIALS) "DEALING WITH BUT
NOT LIMITED TO, EIGHT AMENDMENT VIOLATIONS, COVER
UP, EXCESSIVE FORCE, RETALIATORY CONDUCT, CRUEL
AND UNUSUAL PUNISHMENT, DELIBERATE INDIFFERENCE."
DC-ADM 803 VIOLATION (ATTORNEY-CLIENT PRIVILEGE)

I. PREVIOUS LAWSUITS;

* IN MARCH OF 2013 (NO. 13-2358) AND IN JUNE OF
2011 (11-CV-3495) BOTH IN EASTERN DIST. OF PA.

II. EXHAUSTION OF ADMINISTRATIVE REMEDIES;

A. ALL AVAILABLE ADMINISTRATIVE REMEDIES HAVE
BEEN EXHAUSTED. REGARDING EACH - 565802-15,
566563-15, 613002-16, 616364-16, 626311-16, 2015-
SMI-00089, 565638-15, ALL EXHAUSTED. "645905-16
639912-16" BOTH PENDING FINAL REVIEW.

III DEFENDANTS;

- (1) FIRST DEFENDANT: SECRETARY OF CORRECTIONS
EMPLOYED AS: SUPERVISOR OF ALL DOC PRISONS.
MAILING ADDRESS: 1920 TECHNOLOGY ^{PKY} MECH. PA. ~~17050~~ 17050
- (2) SECOND DEFENDANT: KEVIN KAUFFMAN
EMPLOYED AS: SUPERINTENDANT OF SMITHFIELD, SCI
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT PA. 16652
- (3) THIRD DEFENDANT: TIMOTHY MYERS
EMPLOYED AS: COLLECTION OFFICER
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT PA. 16652
- (4) FOURTH DEFENDANT: RYAN KANAGY
EMPLOYED AS: COLLECTION OFFICER
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT PA. 16652
- (5) FIFTH DEFENDANT: BRENT DICKSON
EMPLOYED AS: CORRECTION OFFICER, TRAINEE
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT PA. 16652
- (6) SIXTH DEFENDANT: BRADD FAZENBAKER
EMPLOYED AS: CORRECTION OFFICER
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT PA. 16652
- (7) SEVENTH DEFENDANT: SAMUEL BICKEL
EMPLOYED AS: CORRECTION OFFICER
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT, PA. 16652
- (8) EIGHTH DEFENDANT: KEVIN BARGER
EMPLOYED AS: CORRECTION OFFICER
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT, PA. 16652
- (9) NINTH DEFENDANT: JOHN NEUMANN
EMPLOYED AS: MAILROOM SUPERVISOR
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT, PA. 16652
- (10) TENTH DEFENDANT: SUSAN GAFF
EMPLOYED AS: CORRECTION OFFICER, LIEUTENANT
MAILING ADDRESS: PO BOX 999, 1120 PIKE ST, HUNT, PA. 16652
- (11) ELEVENTH DEFENDANT: MATTHEW MORRISON

EMPLOYED AS: CORRECTION OFFICER

MAILING ADDRESS: PO BOX 999, 1120 PIKEST, HUNT, PA. 16652

(12) TWELFTH DEFENDANT: MELISSA ROSS

EMPLOYED AS: X-RAY TECHNICIAN

MAILING ADDRESS: PO BOX 999, 1120 PIKEST, HUNT, PA. 16652

(13) THIRTEENTH DEFENDANT: WILLIAM DREIBELBIS

EMPLOYED AS: CHCA (MEDICAL DEPARTMENT)

MAILING ADDRESS: PO BOX 999, 1120 PIKEST, HUNT, PA. 16652

(14) FOURTEENTH DEFENDANT: CORRECT CARE SOLUTION

EMPLOYED AS: MEDICAL CARE PROVIDER (OUTSIDE COMPANY)

MAILING ADDRESS: 1283 MURFREES BORO ROAD, SUITE 500,
NASHVILLE, TN 37217

IV. STATEMENT OF CLAIM:

1) SECRETARY OF CORRECTION REMAIN ATTACHED TO ALL CLAIMS AND FAILED TO PROPERLY INVESTIGATE AND TRAIN ITS EMPLOYEES. FAILING TO REVIEW 5-5-15 VIDEO AND IS RESPONSIBLE FOR THE COVER UP ATTEMPT, AT SCI SMITHFIELD WHERE INCIDENT(S) TOOK PLACE.

2) KEVIN KAUFFMAN, IS THE FACILITY MANAGER AT SCI SMITHFIELD AND IS RESPONSIBLE FOR PLAINTIFF'S CARE, CUSTODY AND CONTROL, WHICH MAKES HIM RESPONSIBLE FOR PLAINTIFF'S WELL BEING. HE IS ALSO IN CHARGE OF THOSE ACTIVELY INVOLVED IN USING EXCESSIVE FORCE, INTERCEPTION OF PRIVILEGED COMMUNICATIONS, ECT...

3) TIMOTHY MYERS IS THE DEFENDANT WHO INITIALLY IMPLEMENTED THE PAIN AND SUFFERING THAT PLAINTIFF SUFFERED, AS HE IGNORED PROTOCOL, SO THAT PLAINTIFF COULD BE "MALICIOUSLY AND SADISTICALLY ASSAULTED FOR THE VERY PURPOSE OF CAUSING HARM". ON 5-5-15

4) RYAN KANAGY, IS THE OFFICER WHO AFTER BEING CALLED AND ARRIVING ON SCENE HE FAILED TO FOLLOW POLICY AND PROTOCOL. ACTING WITH OTHERS PUNCHED,

KICKED CHOKED AND VERBALLY ABUSED PLAINTIFF IN A "MALICIOUS AND SADISTICAL MANNER. CAUSING HARM.

5) BRENT DICKSON, IS THE TRAINEE WHO ALONG WITH OTHER AND LACKING THE PROPER TRAINING. WHILE ON PROBATION, CREATED THE RETALIATORY CONDUCT RESPONSE THAT PLAINTIFF RECEIVED AS DEFENDANTS 3, 4, 6, 7, 8, 11, ASSAULTED PLAINTIFF "MALICIOUSLY AND SADISTICALLY.

6) BRADD FAZENBAKER, IS THE ARRIVING DEFENDANT WHO WITHOUT CAUSE JOIN ALONG, PUNCHING, KICKING, CHOKING PLAINTIFF ACTING MALICIOUSLY AND BEYOND SADISTICALLY KNOCKING PLAINTIFF UNCONSCIOUS.

7) SAMUEL BICKEL, IS THE ARRIVING DEFENDANT WHO ON 5-5-15 ALONG WITH DEFENDANTS 3, 4, 5, 6, 8, 11 USED EXCESSIVE FORCE AS HE REMOVED A SHARP OBJECT AND THRUST IT INTO PLAINTIFF'S HEAD AND FACE, CREATING TWO HALF INCH HOLES (CUTS). THIS WAS DONE IN A "MALICIOUS AND SADISTIC" WAY.

8) KEVIN BARGER, IS THE DEFENDANT WHO AFTER ARRIVING ON THE SCENE PUNCHED, KICKED AND VERBALLY ASSAULTED PLAINTIFF. THEN ALONG WITH DEFENDANTS 3, 6, 7 CARRIED PLAINTIFF'S UNCONSCIOUS LIMP BODY AWAY SLAMMING PLAINTIFF HEAD INTO EACH DOOR FRAME (STEAL). MALICIOUSLY AND SADISTICALLY.

9) JOHN NEUMANN, IS THE MAIL ROOM SUPERVISOR WHO OVER SEES ALL MAIL. DURING SEVERAL DATES LISTED AND NOT LISTED VIOLATED CLEARLY ESTABLISH POLICY AND FEDERAL LAWS. 9-29-16(645905-16), 2-8-16(613-002-16), 3-7-16(616364-16), 8-22-16(639912-16) VIOLATING THE ATTORNEY-CLIENT PRIVILEGE.

10) SUSAN GAFF, IS THE DEFENDANT WHO AFTER ARRIVING ON THE SCENE FAILED TO TAKE ACTION AS SHE WATCHED DEFENDANTS 3, 4, 5, 6, 7, 8 ALL

ASSAULT PLAINTIFF, AS SHE WAS THE HIGHEST RANKING OFFICER (LIEUTENANT) THERE FOR IN CHARGE OF PLAINTIFF'S CARE, CUSTODY AND CONTROL, LEAVING HER JUST AS RESPONSIBLE AS HER NOGUE OFFICERS, WHO ACTED "MALICIOUSLY AND SADISTICALLY" AS THEY PUNCHED, KICKED AND CHOKED PLAINTIFF INTO AN UNCONSCIOUS STATE.

11) MATTHEW MORRISON, IS THE DEFENDANT WHO AFTER ARRIVING ON THE SCENE ON 5-5-15, JOIN IN WITH DEFENDANTS 3, 4, 5, 6, 7, 8. WITHOUT CAUSE IN THE ASSAULTING OF PLAINTIFF. TO WHICH PLAINTIFF LOSS APPROXIMATELY ONE PINT TO TWO PINTS OF BLOOD. THE PLAINTIFF'S BLOOD WAS LOSS AND STAIN THE CLOTHING OF DEFENDANTS. AS THEY MALICIOUSLY AND SADISTICALLY.

12) MELISSA ROSS, IS THE X-RAY TECHNICIAN WHO ACTED MALICIOUSLY AS SHE TRIED TO COVER UP PLAINTIFF'S INJURIES CAUSED BY DEFENDANTS 3, 4, 5, 6, 7, 8 AND 11. ALTHOUGH DELIBERATE INDIFFERENCE IS CLEAR. THIS DEFENDANTS ACTIONS REMAIN JUST AS SERIOUS IF NOT WORST THAT THOSE WHO ASSAULTED PLAINTIFF. AND OF 5-7-15 DEFENDANT FALSIFIED DOCUMENTS CREATING A PAPER TRAIL (EXHIBIT 22) ALSO SEE (566563-15) (EX. 23) AND OTHER MEDICAL RECORDS REQUEST SLIPS ATTACHED

13) WILLIAM DREIBELBIS, IS THE CHCA WHO IS IN CHARGE OF MEDICAL STAFF. HE IS ALSO THE ONE WHO WAS ASSIGN TO INVESTIGATE 573571-15 AS WELL AS 566563-15 AS THE X-RAY TECHNICIAN X-RAY THE LEFT SIDE OF MY FACE. KNOWING THAT THE RIGHT SIDE AND MY NOSE WERE INJURED. HIS NEGLECT LEAD TO PLAINTIFF BEING LEFT WITH A DEVIATED SEPTUM. AND PATELLA DAMAGE.

14). COLLECT CARE SOLUTION, IS THE DEFENDANT WHO

PROVIDES ALL HEALTH CARE. THEY SUB WORK TO OTHER HEALTH CARE BUSINESSES. THIS DEFENDANT REMAINS RESPONSIBLE FOR THE ACTION OF X-RAY TECHNICIAN, AND FAILED TO INVESTIGATE AND TAKE PROPER ACTIONS TO PREVENT "DELIBERATE INDIFFERENCE." DELAYED HEALTH CARE IS JUST AS BAD AS NO HEALTH CARE AND REMAIN LIABLE.

** DEFENDANTS 1, 2, AND 4 CLAIM TO HAVE A ZERO
* * TOLERANCE POLICY, BUT WORK A ZERO ENFORCEMENT
* * POLICY, ALLOWING ROGUE OFFICERS THE ABILITY
* * TO VIOLATE INMATE (PLAINTIFFS) CONSTITUTIONAL RIGHTS.

V STATEMENT OF CLAIM / SUMMARY OF EVENTS;

* ON 5-5-15 AT SCI SMITHFIELD C-BLOCK A-UNIT AT APPROXIMATELY 2:18 PM PLAINTIFF'S CELL DOOR WAS ELECTRONICALLY BUZZ OPEN BY SGT WHO WAS ON THE BLOCK.

* PLAINTIFF HAD AN SCHEDULED INSTITUTIONAL / LISTED CALL OUT. TO BE IN THE LAW LIBRARY (ACCESS TO COURT) AT AN ARRIVAL TIME OF 14:20 PM WITH AN DEPARTING TIME AS 1600 PM DUE TO A LEGAL DEADLINE. (FOR AN EXAMPLE SEE EXHIBIT #11-).

* PLAINTIFF EXIT HIS CELL WITH HIS LEGAL WORK AND PLACED HIS LAUNDRY OUTSIDE OF HIS CELL CH 223. AND APPROACH BLOCK OFFICER DEFENDANT # 3 WHO WAS WITH DEFENDANT # 5. PLAINTIFF REQUESTED HIS PASS PER POLICY.

* DEFENDANT # 3 ADVISE PLAINTIFF TO GET PASS FROM SGT BUT FOR PLAINTIFF TO FIRST GET HIS LAUNDRY AND PLACE IT INSIDE BLUE LAUNDRY BIN LOCATED ON BLOCK WHICH PLAINTIFF DID.

* PLAINTIFF APPROACHED SGT AND REQUEST SAID PASS HOWEVER SGT DIRECTED PLAINTIFF TO RETURN TO DEFEND

-ANT #3 AND ASK HIM FOR A PASS.

* BEFORE PLAINTIFF COULD REACH #3, TWO INMATES WHO WERE RETURNING FROM AN INSTITUTIONAL LISTED CALL OUT ENTERED THE BLOCK AND APPROACHED #3 DISCUSSING WHAT PLAINTIFF REALIZED AS PHONE SLOT.

* PLAINTIFF KNEW BOTH INMATES, ONE DEREK SEALS KS 1656 AND ONE BENJAMIN SUTTON LY 2876, WHO HAD SIGN UP FOR THE AVAILABLE TWO SLOTS PER INMATE THE NIGHT BEFORE. AS THE PHONE LIST IS DONE AT NIGHT AND BOTH WERE ON LIST FOR THE TWO ALLOWED.

* PLAINTIFF APPROACH DEFENDANT #3 WHO HAD DEFENDANT #5 ALSO PRESENT. AFTER EXCUSSING HIS SELF PLAINTIFF REMINDED DEFENDANT THAT HE WAS SCHEDULED FOR A 2:20 PM CALL OUT AND THAT THE INSTITUTIONAL LINE MOVEMENT HAD BEEN CALLED AND THAT HE NEEDED HIS PASS.

* DEFENDANT #3 IGNORED THE FACT THAT DEFENDANT #5 COULD WRITE THE PASS AND HE #3 COULD ASSIST THE TWO INMATES. HE ALSO IGNORED POLICY AND PROTOCOL AS 14:20 PM LINE MOVEMENT IS RUN BY BLOCK OFFICER WHEN CALL BY INSTITUTION. THEN #3 BEGAN TO YELL AT PLAINTIFF. HIS TEMPERAMENT SHOWED. (SEE EXHIBIT #3)

* PLAINTIFF HAD PROBLEMS IN THE PAST WITH #3 AND WAS ADVISED BY MARY MORDER AND ALSO THEN ACTING MAJOR CHIZM, WHO ADVISE PLAINTIFF TO ASK TO SPEAK WITH A LIEUTENANT IF PLAINTIFF HAD ANY MORE PROBLEM. WHICH PLAINTIFF DID. (SEE EXHIBIT #24-)

* DEFENDANT #3 BECAME UPSET AND ENRAGED WHEN PLAINTIFF ASK FOR LIEUTENANT. INFORMING PLAINTIFF TO GO INTO A ROOM WHICH DEFENDANT CLEARED OUT. WHICH PLAINTIFF OPENLY REFUSED.

* DEFENDANT #3 ACTED IN A NECKLESS MANNER AND A DISREGARD FOR THE CARE, CUSTODY AND CONTROL OF PLAINTIFF'S WELL BEING. AND FAILED TO FOLLOW CLEARLY ESTABLISHED INSTITUTIONAL POLICY AND PROCEDURE. AND REQUESTED THAT THE SGT CALL DEFENDANT #4. WHO IS IN NO WAY A LIEUTENANT BUT INSTEAD A SAME RANKING CORRECTIONAL OFFICER AS #3 AND ACTING AS NO MORE THAN A GOON.

* PLAINTIFF WAS AWARE THAT HE REFUSED AN OPEN ORDER. WHICH BY POLICY REQUIRES A MISCONDUCT TO BE HEARD BY A HEARING EXAMINER AND ONLY A ACTING SHIFT COMMANDER PROVIDES REASON TO LOCK UP PLAINTIFF OR NOT.

* DEFENDANTS 3, 4 AND 5 THEN SURROUNDED PLAINTIFF WITH DEFENDANT #5 A TRAINEE WHO COULD NOT ISSUE A INSTITUTIONAL PASS A MERE THREE MINUTES AGO NOW GRABBING PLAINTIFF ARM IN AN ATTEMPT TO FREE HIS SELF PLAINTIFF STRUCK DEFENDANT #4.

* PLAINTIFF WAS UNABLE TO BREAK FREE AND WAS THROWN ONTO THE FLOOR. THEN PUNCHED, KICKED AND CHOKED BY DEFENDANTS 3, 4 AND 5. WITH DEFENDANT #4 USING SUCH FORCE TO WHICH HE BROKE HIS OWN HAND. (SEE EXHIBIT #1)

* PLAINTIFF WAS ASSAULTED BY ALIVING DEFENDANTS 6, 7, 8, AND 11. THIS MALICIOUS AND SADISTIC ASSAULT WENT ON EVEN AS PLAINTIFF WAS UNCONSCIOUS (SEE EXHIBIT #2)

* DEFENDANTS 3, 4, 5 AND 6 TRY TO STATE THAT THE PLAINTIFF HIMSELF WAS PUNCHING AND KICKING BUT ON 6-28-15 AT 1425 DEFENDANT #11 ADMITTED TO SECURITY OFFICE INVESTIGATOR G. ALLISON IN ATTACHMENT #12 OF INSTITUTIONAL INVESTIGATION CASE #2015-A-300 /

2015-P-450 THAT PLAINTIFF'S ARMS WERE "UNDERNEATH HIM" AND IN NO WAY THROWING PUNCHES.

* DEFENDANT #7 AT SOMEPOINT AND TIME USED AN OBJECT WHICH HE REMOVED FROM HIS OWN POCKET TO STRIKE PLAINTIFF IN THE FACE.

* DEFENDANT #10 ARRIVED AND DID NOT STOP THIS ASSAULT. WHICH WAS HAPPENING, AS SHE BECAME THE HIGHEST RANKING OFFICER IN CHARGE. WHO WATCHED AS PLAINTIFF WAS LIFT AND CARRIED OFF OF C-BLOCK HEAD FIRST AND CARRYING DEFENDANTS HIT PLAINTIFF'S HEAD ON EACH STEEL DOOR FRAME AS BATTLE RAM WOULD BE USED.

* PLAINTIFF WAS THEN CHARGE WITH ASSAULT AS AN ATTEMPT TO SHIFT BLAME.

* PLAINTIFF'S LEGAL MAIL WAS THEN REPEATEDLY OPEN AND MADE EVEN COPIED IN VIOLATION TO DC-ADM-803. TO WHICH IT CREATED A BREAKDOWN IN COMMUNICATION WITH PLAINTIFF AND HIS ATTORNEY (SEE EXHIBITS 16, 17, 20, 21,) ALSO DENYING PLAINTIFF A FAIR TRIAL (EX.#14)

* DEFENDANTS 1, 2, 9 TRIED TO ACT AS IF THESE NEW CHAIN OF EVENTS IN VIOLATION OF DC-ADM 803 WERE NOT GOING ON HOWEVER PLAINTIFF PLEAD AND PROVED SAID VIOLATIONS THROUGH THE GRIEVANCE PROCEDURE YET WAS INFORMED THAT THE COURTS WOULD NEED TO AWARD ANY MONEY AS THIS SAID GRIEVANCE PROCEDURE DID NOT AUTHORIZE GRIEVANCE INVESTIGATOR RICHARD MOYER THE AUTHORITY TO DISPENSE FUNDS. (SEE EXHIBIT #13)

* DEFENDANTS 1, 2, 12 AND 13 ALONG WITH CORRECT CARE SOLUTION WORKED COLLECTIVELY WITH THEIR ATTEMPT TO MASK (HIDE) PLAINTIFF INJURIES SUFFERED AT THE HANDS OF DEFENDANTS #3, 4, 5, 6, 7, 8, AND 11.

PLAINTIFF HOWEVER PROVIDES INCONTRADICTORY EVIDENCE AS PROOF TO SUPPORT CLAIMS. (SEE EXHIBITS 22, 23 AND 25)

* PLAINTIFF RECEIVED MULTIPLE INJURIES TO FACE, HEAD, LEG, ARM **AND** BODY. ALONG WITH PSYCHOLOGICAL TRAUMA. AT THE HANDS OF THESE ROGUE DEFENDANTS (SEE EXHIBITS 8, 9, 10 AND PSYCHOLOGICAL FILE COURT ORDER NEEDED FOR PSYC FILE)

*** ITEMS TO BE PRESERVED ***

THESE ITEMS WERE REQUESTED IN ADVANCE AND EXHIBIT #26 ALONG WITH OTHER COURT "CP-31-CR-581-2015" PETITION REQUEST. ALL EXHIBITS ATTACHED SUPPORT PLAINTIFFS CLAIMS.

PLEASE NOTE THE DUTY TO PRESERVE EVIDENCE BEGINS WHEN LITIGATION IS PENDING OR REASONABLY FORESEEABLE. ONCE THAT DUTY ARISES THE PARTY IS REQUIRED TO "SUSPEND ITS ROUTINE DOCUMENT RETENTION/DESTRUCTION POLICY AND PUT IN PLACE A LITIGATION HOLD" TO ENSURE PRESERVATION OF RELEVANT DOCUMENTS.

THE HANDHELD VIDEO LISTENED TO BY G. ALLISON AND EXPRESSED IN CASE #2015-A-300/2015-P-450 ALONG WITH THE BOSCH VIDEO REVIEWED AND EXPRESSED IN CASE #2015-A-300/2015-P-350. AS 350 MIGHT BE AN TYPED ERROR. REMAINS INCONTRADICTORY AND CLEARLY HIGHLIGHTS DEFENDANTS TEMPERAMENT AND ACTIONS.

VI RELIEF

1) IN THE INTEREST OF JUSTICE AND FAIRNESS, PLAINTIFF ASK THIS COURT TO AWARD MONETARY DAMAGES. AS PLAINTIFF SEEKS ONE HUNDRED THOUSAND DOLLARS FROM DEFENDANTS 1-THRU-14 **EACH** FOR THE WRONGFUL BEATING AND STABBING ARISING FROM ILLEGAL CONDUCT OF DEFENDANTS.

2) PLAINTIFF SEEKS REIMBURSEMENT FOR ALL LEGAL FEES SPENT CONCERNING THIS MATTER, FOR PLAINTIFF AND ANY APPOINTED COUNSEL.

3) PROPER DISCIPLINE OF EACH DEFENDANT FOR THEIR MISCONDUCT.

CONCLUSION:

I TYRONE MARTIN, PLAINTIFF DECLARE UNDER THE PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNED THIS 10th, DAY OF NOVEMBER, 2016

Tyrone Martin
KC 5108
1100 PIKE ST
HUNTINGDON, PA. 16654

* ATTACHED PAPER TRAIL *

* THE ATTACHED EXHIBITS NUMBERED 1 TO 59 ARE ALSO TO ENSURE THAT THESE DEFENDANTS CAN NOT PLEAD IGNORANCE BY CONTENDING THEY HAD NO PRIOR KNOWLEDGE..

EXHIBITS ALSO ALLOW STATE ATTORNEYS AND FEDERAL JUDGE OR JUDGES THE OPPORTUNITY TO REVIEW EVIDENCE.

HOWEVER THERE IS ALSO VIDEO FOOTAGE AVAILABLE.

APPOINTMENT OF COUNSEL

NOW COME PLAINTIFF REQUEST THIS HONORABLE COURT TO APPOINT COUNSEL

THIS 10th DAY OF NOVEMBER 2016

Tyrone Martin

10-18-15;03:18PM;23-3-02

;8146435175

4/ 4



POLICE CRIMINAL COMPLAINT

Docket Number: CR-139-15	Date Filed: 7/9/15	OTN/LiveScan Number: T-675274-5	Complaint/Incident Number: G03-1404529
Defendant Name: Tyrone	First: Tyrone	Middle: NRN	Last: MARTIN #KC5108

AFFIDAVIT of PROBABLE CAUSE

Your Affiant is a member of the Pennsylvania State Police stationed at the Troop G Huntingdon Barracks, assigned as a Criminal Investigator.

On Tuesday, May 5, 2015, at approximately 1430hrs Inmate MARTIN wanted a pass to go to the law library. He was instructed by Sergeant S. MANGES he would need to go speak with CO MYERS to obtain the pass. Inmate MARTIN went over to CO MYERS who was already speaking with other inmates. Inmate MARTIN interrupted CO MYERS while speaking with the other inmates. Inmate MARTIN was told by CO MYERS he would have to wait his turn. Inmate MARTIN continued to insist about his pass to the law library and did not listen to CO MYERS about waiting till he was done with the other inmates. CO MYERS gave several verbal commands to Inmate MARTIN to go to the TV room and he would speak to him. At this time CO KANAGY came over to assist CO MYERS with Inmate MARTIN. Inmate MARTIN continued to refuse to listen to CO MYERS direct orders. CO MYERS attempted to restrain Inmate MARTIN after refusing to listen to several direct orders. Inmate MARTIN at this time took his outer shirt and glasses off and took a fighter's stance. Inmate MARTIN swung and struck CO KANAGY in the face with a closed fist causing injuries. At this time CO DICKSON, who was with CO MYERS, attempted to take Inmate MARTIN to the ground to restrain him from further injuring staff. CO MYERS went low on Inmate MARTIN and Inmate MARTIN put CO MYERS into a headlock. CO DICKSON went high on Inmate MARTIN. Inmate MARTIN had CO MYERS in a headlock and pulled him to the ground causing CO MYERS to fall on his elbow and both knees causing injuries. CO DICKSON also fell to the ground and braced the impact with his left hand. CO DICKSON was injured as a result of the fall. Once on the ground the CO's continued their attempts to restrain Inmate MARTIN. CO FAZENBAKER came to their location and attempted to grab Inmate MARTIN's feet. Inmate MARTIN kicked CO FAZENBAKER causing him to fall on his right side and strike his elbow on the ground causing injuries.

Correctional Officer FAZENBAKER sustained injuries to his right shoulder muscle and ligaments due to this incident. He was assigned light duty as a result of this incident.

Correctional Officer DICKSON sustained a broken left wrist as a result of this incident. He was given a removal cast and off duty pending medical review.

Correctional Officer MYERS sustained injuries to his knees and left elbow as a result of this incident. He was given light duty.


Correctional Officer KANAGY sustained a broken right hand as a result of this incident. He was off duty pending medical review.

Inmate MARTIN is currently serving a sentence of LIFE for 1st degree murder.

I believe the above to be true and correct and respectfully request a warrant be issued for the Accused, Tyrone MARTIN #KC5108, to answer to these charges.

I, TPR JONATHAN THOMAS, BEING DULY SWORN ACCORDING TO THE LAW, DEPOSE AND SAY THAT THE FACTS SET FORTH IN THE FOREGOING AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.


(Signature of Affiant)

Sworn to me and subscribed before me this 9th day of July 2015
7/9/15 Date  Magisterial District Judge

My commission expires first Monday of January,

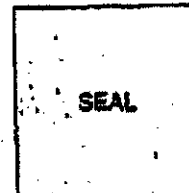


EXHIBIT-1-

Affidavit of Probable Cause...

This is an allegation of abuse, in the form of excessive force by C.O.s at SCI, Smithfield !!!

On May 5th, 2015, I was awoken at about 2:20PM, to what at first sound like multiple shoes soles were scratching against the floor, and shouts from someone saying: "stop hitting him, get off of him, he is not resisting, and why are you hitting him." I immediately got out of bed, rushed to my cell door (C/A #2), and realized that there had been block activity if the day-room and that the twenty or so prisoners were all standing, and huddled to my left, some still holding playing cards, some were wide eyed and others stood frozen in place, with their mouths wide open, looking in the direction of my right. I then turn my attention to a 33 degree angle to my right, as I looked through the grate of my cell door, I observed C.Os Kangey, Mayers and a third unknown officer had an inmate flat on his stomach. The Inmate feet was closes to me and his head was further away pointing north; officer Mayers was straddling this inmate's lower back, in a sitting posture, while officer Kangey was kneeling down next to the left shoulder of said inmate; and this third unknown officer was kneeling down behind the inmate, this officer had placed both his hands around the inmate's Ankles and pinned both legs to the floor. I heard officer Mayers ordered this inmate to place his hands behind his back so that he could be cuffed. I then heard the inmate said: "you are all a bunch of pussy, when I get out of the hole, i.e. the restricted unit, I am going to get everyone of you." Although I could not and did not see the inmate's face, however, I did recognized his voice to be Mr. Tyrone Martin KG-5108, C/A Cell #23, anyhow, Mr. Martin hands were subdued nor were they at his sides, at least not from my vantage point. I then observed officer Mayers grabbing frantically at something in front of him at floor level. However, as the response team entered the cell block, I observed the first officer, (he was about 6ft 2", and about 280 pounds) Caucasian Male, said: "what did he do," officer Mayers said: "he hit me." I then observed as other officers entered the cell block, several officers ran directly towards Mr. Martin's body, knee first first to every exposed part of his body as he laid flat on his stomach. At this point Mr. Martin was sustaining a full scale assault by officers. I kept my view on what was going at Mr. Martin's area of his head, I observed Officer Mayers Elbows moving back and forward, each cycle both his Arms forcefully pushing forwards, in a downward direction of the floor. At this point I heard Mr. Martin telling officers "I can't breathe and that they were trying to break his Arms or have broken the one or both Arms." At this point I observed very short officer, Caucasian Male, about 150 pounds, 5ft, 4", who was positioned to Mr. Martin's head, but on the rights, took something from his waist area, fixed it in a closed fist and commenced to thrust it into the direction of Mr. Martin's head, and I heard Mr. Martin screamed in agony. For a split second everything went silent, except for one officer ordering "on lookers" in the day room to report to their cells. I continued to observe the 280 plus pounds officer towering over the other officers, this officer made a nodding gesture at officer Mayers whom sat face to face with each other... I observed officer Mayers then produced a pair of hand cuffs, this officer then moved back a bit and sat across Mr. Martin's Buttock, and then I heard the clicking sound, as they were being closed around Mr. Martin's wrists.

EXHIBIT-2-

After Inmate Tyrone Martin, KC-5108 was placed in hand cuffs, I observed officer Mayers and three other officers lifted him to his feet, all four officers held Mr. Martin upright and or held him in place... I then observed other officers standing by near the mailbox, looking at the 4-officers, when suddenly, the 280 plus pounds officer did some sort of head gesture (the type you see basket ball players do when they want their opponent(s) to think that they are about to shoot the ball at the basket), inmate Martin was snatched off of his feet. With two officers on either side of Martin's suspended body, his head facing the direction off the day-room door; at the front officers held Mr. Martin by the shoulder/arm area, while two other officers gripped him by the waist and his pant's legs. I observed officer clearly acting in concert, all four officers ran with inmate Martin's unconscious body towards the day room door, out of my view. Before I leave my cell door I observed about a pint of blood where Mr. Martin had laid. The inmate from Cell #3, was order to clean up the blood short time later.

I Mr. Bobby K. Williamson, am the Affiant of this affidavit and hereby certify that the accounts are entirely true, and that I understand that any false statements provided herein subject me to penalties of perjury under 18 Pa.C.S. §4904 relating to unsworn falsification to authorities.

By: 

Mr. Bobby K. Williamson, DQ-9200
SCI, Smithfield,
P.O. Box 999, 1120 Pike Street
Huntingdon, Pa. 16652

Date: May 5th, 2015.

7:25PM.

TIM CARTER - HE1640

SMITHFIELD

AFFIDAVIT REGARDING 5-5-2015 INCIDENT BETWEEN T. MARTIN-KC5108
 & 3 CO'S (MEYERS, KANAGY, & A ROOKIE) ON CA BLOCK

DURING BLOCKOUT I WAS PLAYING SPADES WITH 3 OTHER PRISONERS. MARTIN WAS LET OUT OF HIS CELL AT ABOUT 2:26 PM FOR A LAW LIBRARY PASS, M.I.D BECAUSE HE'D BEEN TRYING TO GET HIS DOOR OPENED FOR ABOUT 4 MINS. HE WALKED TO THE CONTROL ROOM WINDOW & ASKED SGT. MENGES FOR HIS PASS & WAS TOLD THAT THERE ISN'T ONE, TO HAVE CO MEYERS WRITE HIM ONE. MEYERS WAS AT THE CO'S DESK WITH ABOUT 5 GUYS AROUND HIM ASKING FOR MULTIPLE THINGS TALKING AT ONCE. MARTIN ASKED HIM 2-3 TIMES FOR A WRITTEN PASS TO GO TO THE LIBRARY & MEYERS YELLED AT HIM. MARTIN WENT TO, COMPLAIN TO THE SGT., WAS TOLD TO GO BACK TO MEYERS, WHO THEN YELLED AGAIN, SAID HE'S NOT WRITING HIM A PASS, TOLD HIM TO GO BACK TO HIS CELL (MARTIN WAS ON CELL RESTRICTION). MARTIN COMPLAINED TO THE SGT., THE SGT. REFUSED TO INTERVENE, MEYERS YELLED AGAIN FOR MARTIN TO GO LOCK IN, MARTIN REFUSED, SAID HE'S TIRED OF GETTING BURNED FOR SHOWERS AND CALLOUTS, AND ASKED TO SEE A CAPTAIN. MEYERS ORDERED HIM TO GO INTO THE TV ROOM & HE REFUSED AND DEMANDED A CAPTAIN. MEYERS TOLD THE SGT. TO SEND CO KANAGY OVER FROM THE OTHER SIDE & A MIN. LATER CO KANAGY AND A ROOKIE CO CAME OVER. MARTIN KEPT REQUESTING A CAPTAIN & REFUSING TO GO TO HIS CELL OR TO THE TV. HE WAS TRYING TO STAY AWAY FROM THEM AND HE KEPT ASKING THEM TO "PLEASE STAY AWAY FROM" HIM. THINKING THAT NOTHING WAS GOING TO HAPPEN, BECAUSE THEY JUST STOOD THERE LOOKING AT EACH OTHER, I TURNED AROUND TO COUNT MY HAND. WHILE DOING SO I HEARD FAST MOVEMENT BEHIND ME AND I TURNED AROUND TO SEE MARTIN ALMOST RUNNING BACKWARDS, THE 3 CO'S CLOSING IN ON HIM FAST, MEYERS WITH HIS HANDS UP AND CLOSED, LIKE A BOXER. CO KANAGY WENT FOR HIS WAIST AND PINNED HIM UP AGAINST A BOOK

PAGE 1 OF 2

EXHIBIT-3-

CABINET, ONE ARM ALSO PINNED. THE ROOKIE WAS PUNCHING MARTIN STRAIGHT IN HIS FACE WITH HIS RIGHT HAND, HARD. THE FIRST BLOW EITHER BROKE MARTIN'S NOSE OR BUSTED A LIP OPEN; BLOOD WAS ALL OVER MARTIN'S FACE AFTER THE FIRST SHOT. 5-8 PUNCHES LATER CO KANAGY TWISTED AND SLAMMED MARTIN TO THE GROUND, MARTIN LAYING ON HIS LEFT SIDE AND KANAGY STRADDLING HIM BACKWARDS, THEN BEGAN TO PUNCH HIM IN THE FACE, KINDA REACHING BACK TO DO SO. MEYERS CAME OVER AND TOOK A FEW SHOTS. THERE WERE NO ORDERS TO STOP RESISTING UNTIL RESPONDING CO'S CAME. NO, MARTIN DIDN'T FIGHT BACK BECAUSE HE COULDN'T; HIS ARMS WERE PINNED THE ENTIRE TIME AFTER KANAGY PINNED HIM. THERE WERE NO KICKS EITHER. BEFORE EVERYTHING TURNED PHYSICAL (RIGHT AFTER MEYERS TOLD THE SGT. TO SEND KANAGY OVER) MEYERS TOLD EVERYONE ELSE TO LOCK IN. MAYBE 2-3 PEOPLE DID, THE REST (11-15) DIDN'T.

I JUSTIN CARTER AFFIRM THAT MY RECOLLECTION OF EVENTS AS MENTIONED IN THIS AFFIDAVIT ARE TRUE AND ACCURATE, BASED ON MY MEMORY OF THAT INCIDENT, AND THAT ANY FALSE STATEMENTS ARE SUBJECT TO 18 P.A.C.S.A. 34904.

31 MARCH 2016

Justin Carter

PAGE 2 OF 2

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF: HUNTINGDON**PRIVATE
CRIMINAL COMPLAINT**

Magisterial District Number:

MDJ Name: Hon.

Address:

Telephone: ()

Docket No.:

Date Filed:

OTN:

**COMMONWEALTH OF PENNSYLVANIA
VS.**

DEFENDANT:

NAME and ADDRESS

DICKSON
40 Sel-Smithfield
Po Box 999 1120 Pike Street
HUNTINGDON, PA 16652

(Above to be completed by court personnel)

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D.O.B.	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number State Registration Sticker (MMYY)	Defendant's Driver's License Number State	

I, TYRONE MARTIN

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above
☐ I accuse the defendant whose name is unknown to me but who is described as _____
☐ I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at SEL-SMITHFIELD PO BOX 999
(Place-Political Subdivision)1120 Pike Street, Huntingdon, PA 16652in Huntingdon County on or about May 5, 2015

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

MYERS, ; KANAGY, ; DICKSON,

EXHIBIT-4-

Defendant's Name:

DICKSON

Docket Number:



PRIVATE CRIMINAL COMPLAINT

2. The acts committed by the accused were:

(Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, *social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.*)

COUNT 1 AGGRAVATED ASSAULT (18 Pa.C.S. § 2702 (A)(1)) On May 5, 2015, between the hours of 2pm-10pm the Complainant Martin, was physically assaulted by MYERS, KANAGY and Dickson, by the usage of closed fists, knees and boots. This act was done on CA Block in SCI-Smithfield with the intentional acts of causing serious bodily injury to Complainant MARTIN, all against the laws and dignity of the Commonwealth of Pennsylvania. (F-1)

COUNT 2: CONSPIRACY TO COMMIT AGGRAVATED ASSAULT (18 Pa.C.S. § 903) On May 5, 2015 Defendant Dickson along with MYERS and KANAGY did in an act of agreement or conspire to assault Complainant MARTIN to the point of serious bodily injury, all against the laws and dignity of the Commonwealth of Pennsylvania (F-1)

COUNT 3: RECKLESSLY ENDANGERING ANOTHER PERSON (18 Pa.C.S. § 2705) On May 5, 2015, between the hours of 2pm-10pm the Complainant MARTIN was physically assaulted by closed fists; knees, and boots, repeatedly by Defendant Dickson along with MYERS and KANAGY to the point of losing consciousness, all against the laws and dignity of the Commonwealth of Pennsylvania (M-1)

COUNT 4: SIMPLE ASSAULT (18 Pa.C.S. § 2701) On May 5th, 2015 between the hours of 2pm-10pm Defendant Dickson did grab the Complainant's left arm, to allow MYERS and KANAGY to engage in physically assaulting Complainant MARTIN, Defendant Dickson then joined in by assaulting Complainant MARTIN, all against the laws and dignity of the Commonwealth of Pennsylvania (M-2)

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of 18 Pa.C.S. § 2702 and 18 Pa.C.S. § 903, 18 Pa.C.S. § 2705

18 Pa.C.S. § 2701

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

Date

Signature of Complainant

Office of the Attorney for the Commonwealth ☐ Approved ☐ Disapproved because:

(Name of Attorney for Commonwealth-Please Print or Type)

(Signature of Attorney for Commonwealth)

(Date)

AND NOW, on this date _____, I certify that the complaint has been properly completed and verified.

(Magisterial District)

(Issuing Authority)

SEAL

COMMONWEALTH OF PENNSYLVANIA

COUNTY OF: HUNTINGDON

Magisterial District Number:

MDJ Name: Hon.

Address:

Telephone: ()

Docket No.:

Date Filed:

OTN:



PRIVATE CRIMINAL COMPLAINT

COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT:

NAME and ADDRESS

KANAGY,
c/o SCI-Smithfield
PO Box 999 1120 Pike Street
HUNTINGDON, PA 16652

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D.O.B.	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number	Registration Sticker (MM/YY)	Defendant's Driver's License Number State

I, TYRONE MARTIN

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above
☐ I accuse the defendant whose name is unknown to me but who is described as _____
☐ I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at SCI-Smithfield PO Box 999
(Place-Political Subdivision)1120 Pike Street, Huntingdon, PA 16652in Huntingdon County on or about May 5, 2015

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

MYERS, ; KANAGY, ; DICKSON

EXHIBIT-5-

Defendant's Name: <u>KANAGY</u>
Docket Number:



PRIVATE CRIMINAL COMPLAINT

2. The acts committed by the accused were:

(Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.)

- COUNT 1 AGGRAVATED ASSAULT** (18 Pa.CSA § 2702 (a)(i)) On May 5, 2015, between the hours of 2pm-10pm, the Complainant Martin, was physically assaulted by MYERS, KANAGY AND DICKSON, by the usage of closed fists, knees, and boots. This act was done on CA Block in SCI-Smithfield with the intentional acts of causing serious bodily injury to Complainant MARTIN, all against the laws and dignity of the Commonwealth of Pennsylvania (F-1)
- COUNT 2 CONSPIRACY TO COMMIT AGGRAVATED ASSAULT** (18 Pa.CSA § 903) On May 5, 2015 Defendant KANAGY along with DICKSON AND MYERS did in an act of agreement or conspire to assault Complainant MARTIN to the point of serious bodily injury, all against the laws and dignity of the Commonwealth of Pennsylvania (F-1)
- COUNT 3 RECKLESSLY ENDANGERING ANOTHER PERSON** (18 Pa.CSA § 2705) On May 5, 2015, between the hours of 2pm-10pm the Complainant Martin was physically assaulted by closed fists, knees, and boots, repeatedly by Defendant KANAGY along with DICKSON AND MYERS to the point of losing consciousness, all against the laws and dignity of the Commonwealth of Pennsylvania (M-1)
- COUNT 4 SIMPLE ASSAULT** (18 Pa.CSA § 2701) On May 5, 2015 between the hours of 2pm-10pm, Defendant KANAGY did engage in physically assault Complainant Martin, with an agreed upon act Defendant Kanagy, along with Dickson and Myers, committed an assault on Complainant Martin, all against the laws and dignity of the Commonwealth of Pennsylvania (M-2)

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of 18 Pa.CSA § 2702 and 18 Pa.CSA § 903; 18 Pa.CSA § 2705

18 Pa.CSC § 2701

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

Date

Signature of Complainant

Office of the Attorney for the Commonwealth ☐ Approved ☐ Disapproved because:

(Name of Attorney for Commonwealth-Please Print or Type)

(Signature of Attorney for Commonwealth)

(Date)

AND NOW, on this date _____, I certify that the complaint has been properly completed and verified.

(Magisterial District)

(Issuing Authority)

SEAL

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF: HUNTINGDON**PRIVATE
CRIMINAL COMPLAINT**

Magisterial District Number:

MDJ Name: Hon.

Address:

Telephone: ()

Docket No.:

Date Filed:

OTN:

COMMONWEALTH OF PENNSYLVANIA
VS.

DEFENDANT:

NAME and ADDRESS

MYERS,
46 SCI-SMITHFIELD
PO Box 999 1120 Pike Street
Huntingdon, PA 16652

(Fill in defendant's name and address)

Notice: Under Pa.R.Crim.P. 506, your complaint may require approval by the attorney for the Commonwealth before it can be accepted by the magisterial district court. If the attorney for the Commonwealth disapproves your complaint, you may petition the court of common pleas for review of the decision of the attorney for the Commonwealth.

Fill in as much information as you have.

Defendant's Race/Ethnicity <input checked="" type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic <input type="checkbox"/> Unknown	Defendant's Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Defendant's D.O.B.	Defendant's SID (State Identification Number)
Defendant's A.K.A. (also known as)	Defendant's Vehicle Information Plate Number State Registration Sticker (MM/YY)	Defendant's Driver's License Number State	

I, TYRONE MARTIN

(Name of Complainant-Please Print or Type)

do hereby state: (check appropriate box)

1. ☒ I accuse the above named defendant who lives at the address set forth above
☐ I accuse the defendant whose name is unknown to me but who is described as _____
☐ I accuse the defendant whose name and popular designation or nickname is unknown to me and whom I have therefore designated as John Doe

with violating the penal laws of the Commonwealth of Pennsylvania at SCI-Smithfield, PO Box 999
 (Place-Political Subdivision)

1120 Pike Street, Huntingdon, PA 16652in Huntingdon County on or about May 5, 2015

Participants were: (if there were participants, place their names here, repeating the name of the above defendant)

MYERS, ; KANAGY, ; DICKSON,

EXHIBIT-6-

Defendant's Name:

MYERS

Docket Number:

PRIVATE
CRIMINAL COMPLAINT

2. The acts committed by the accused were:

(Set forth a summary of the facts sufficient to advise the defendant of the nature of the offense charged. A citation to the statute allegedly violated, without more, is not sufficient. In a summary case, you must cite the specific section and subsection of the statute or ordinance allegedly violated. The age of the victim at the time of the offense may be included, if known. In addition, social security numbers and financial information (e.g. PINS) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.)

COUNT 1: AGGRAVATED ASSAULT (18 Pa.C.S.A § 2702 (A)(1)) On May 5, 2015, between the hours of 2 pm - 10 pm, the Complainant Martin, was physically assaulted by MYERS, KANAGY, and Dickson, by the usage of closed fists, knees, and boots. This act was done on CA block in Sci-Smithfield with the intentional acts of causing serious bodily injury to Complainant MARTIN, all against the laws and dignity of the Commonwealth of Pennsylvania. (F-1)

COUNT 2: CONSPIRACY TO COMMIT AGGRAVATED ASSAULT (18 Pa.C.S.A § 903) On May 5, 2015 Defendant MYERS along with KANAGY and Dickson, did in an act of agreement or conspire to assault COMPLAINANT MARTIN to the point of serious bodily injury, all against the laws and dignity of the Commonwealth of Pennsylvania. (F-1)

COUNT 3: RECKLESSLY ENDANGERING ANOTHER PERSON (18 Pa.C.S.A § 2705) ON MAY 5, 2015 between the hours of 2 pm - 10 pm, the Complainant Martin was physically ^{ASSAULTED} by closed fists; knees; and boots, repeatedly by Defendant MYERS along with KANAGY; and Dickson to the point of losing consciousness, all against the laws and dignity of the Commonwealth of Pennsylvania (M-1)

COUNT 4 SIMPLE ASSAULT (18 Pa.C.S.A § 2701) On May 5, 2015 between the hours of 2 pm - 10 pm, Defendant Myers did with force, bring Complainant Martin to the ground for the ~~sole purpose~~ sole purpose of Defendant MYERS, along with KANAGY; and Dickson could physically assault Complainant Martin, all against the laws and dignity of the Commonwealth of Pennsylvania (M-2)

All of which were against the peace and dignity of the Commonwealth of Pennsylvania and contrary to the Act of Assembly, or in violation of 2702 (A)(1) and of Title 18 Pa.C.S.A ; 903 of Title 18 Pa.C.S.A ;

2705 of Title 18 Pa.C.S.A ; 2701 of Title 18 Pa.C.S.A .

(PA Statute)

3. I ask that process be issued and that the defendant be required to answer the charges I have made.

4. I verify that the facts set forth in this complaint are true and correct to the best of my knowledge or information and belief. This verification is made subject to the penalties of Section 4904 of the Crimes Code (18 Pa.C.S. § 4904) relating to unsworn falsification to authorities.

Date

Signature of Complainant

Office of the Attorney for the Commonwealth ☐ Approved ☐ Disapproved because: _____

(Name of Attorney for Commonwealth-Please Print or Type)

(Signature of Attorney for Commonwealth)

(Date)

AND NOW, on this date _____, I certify that the complaint has been properly completed and verified.

(Magisterial District)

(Issuing Authority)

SEAL

FORM DC-141 PART II B

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF CORRECTIONS

DISCIPLINARY HEARING
REPORT

DC Number KC5108	Name Martin, Tyrone	Institution Smithfield	Hearing Date 5/11/15	Hearing Time 1035	No. from PART I B760637
INMATE <input checked="" type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty		<input type="checkbox"/> No Plea <input type="checkbox"/> Other		Verdict <input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	

HEARING ACTION

CHARGES

1, 15, 33, 35

N/A

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Inmate pleads guilty to #33. He pleads not guilty to #1, #15, and #35.

Inmate said he was surrounded by three CO's and he feared for his safety at that point, he states one of the CO's had grabbed him. Inmate said CO Kanagy didn't give him a direct order; CO Myers did. Inmate admits that he was given orders to lock up by CO Myers, but does admit that CO Kanagy was present when those orders were given. At the hearing, Inmate maintains that he should not have had to follow the order to return to his cell because he was right and was supposed to get a pass.

HEX accepts Inmate's guilty plea to #33. HEX believes Inmate did assault staff based on CO Kanagy's report that Inmate Martin put his arms up in a fighting stance and struck CO Kanagy in the left side of the face with a closed fist. HEX further believes CO Kanagy's report that Inmate Martin had refused orders to return to his cell prior to the assault. A preponderance of evidence exists to support the #1 and #35 charges.

Guilty #1 – 90 days DC
 Guilty #33 – 90 days DC
 Guilty #35 – 90 days DC
 Total 270 days DC
 Effective 5-5-15
 Remove from Job
 Assessment of account for all costs resulting from Inmate's actions; cost to be determined by Business Manager

Dismiss #15

- | | | |
|---|-----------------------------|--|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The inmate has heard the decision and has been told the reason for it and what will happen. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The circumstances of the charge have been read and fully explained to the inmate. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The opportunity to have the inmate's version reported as part of the record was given. |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No | The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review. |

SEE APPENDICES



Medical Reports

NAME(S) OF HEARING EXAMINER/COMMITTEE

Ms. A. Himes
 Hearing Examiner

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

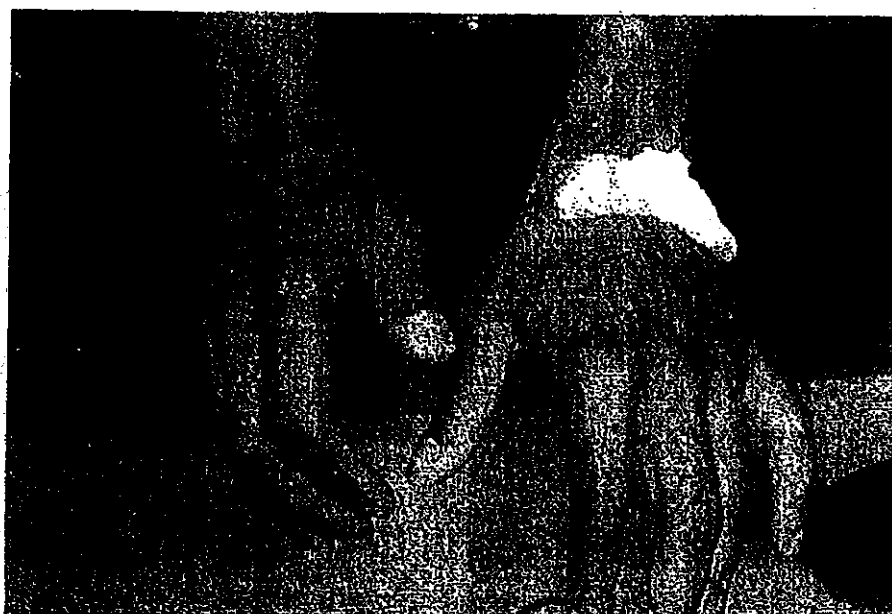


Cc: DC-15, Inmate Cited, Staff Member Reporting Misconduct, Deputy Superintendent

EXHIBIT 7-

Martin, KC5108
5/5/15 1000
SCI-SM1

Palms, no injuries
Small amt. of blood on
② pinky, post IV site removal.
E. Zimmerman, LPN



Martin, KC5108
5/5/15

Hands, Dressing on IV
site, after removal.
Small cut on ② wrist

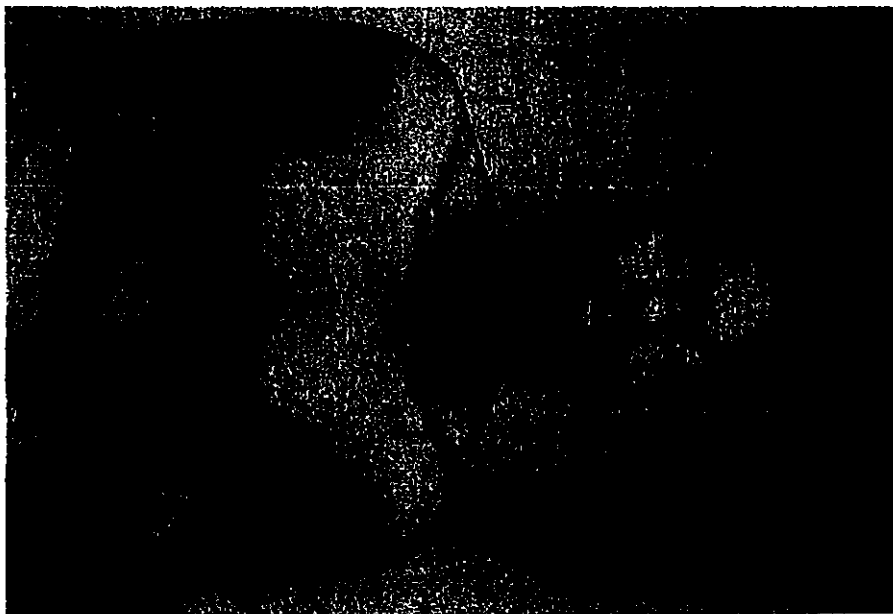
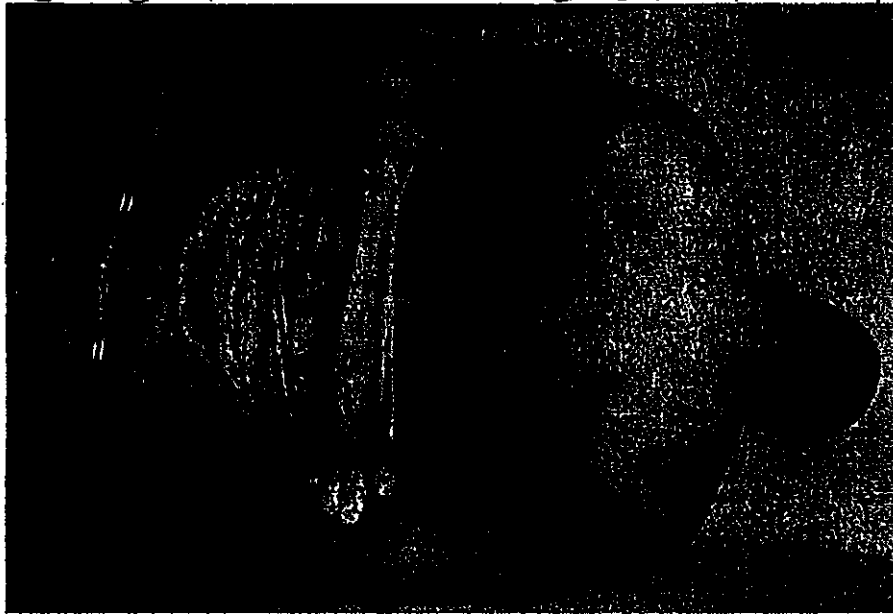
EXHIBIT-8-

Martin, KC 5108
5/5/15, 1600

Back, upper extremities
& injuries

SCI-SMI

E-Zimmerman, (W)



Martin, KC 5108
5/5/15 1600

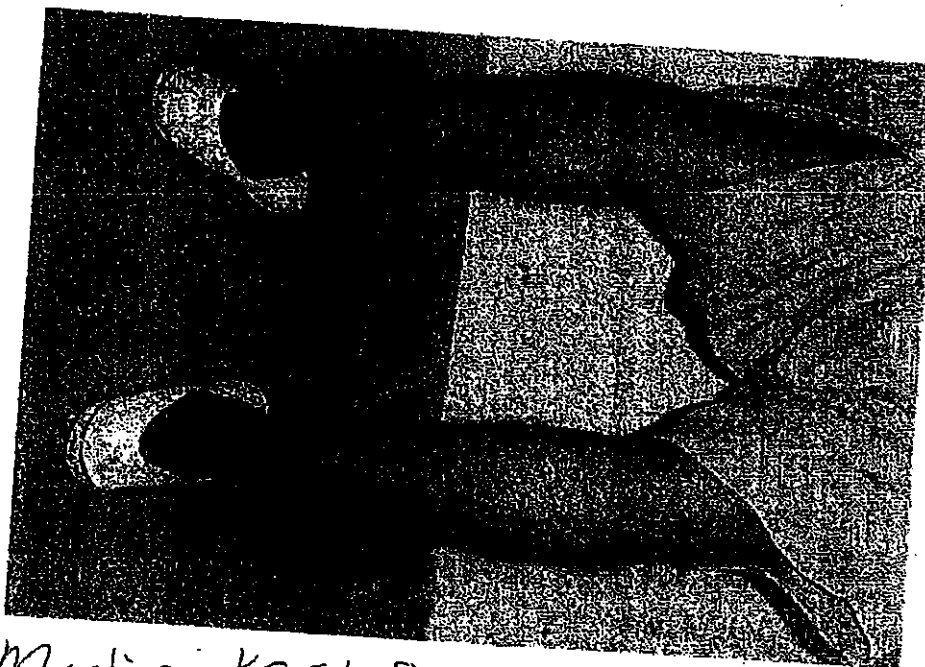
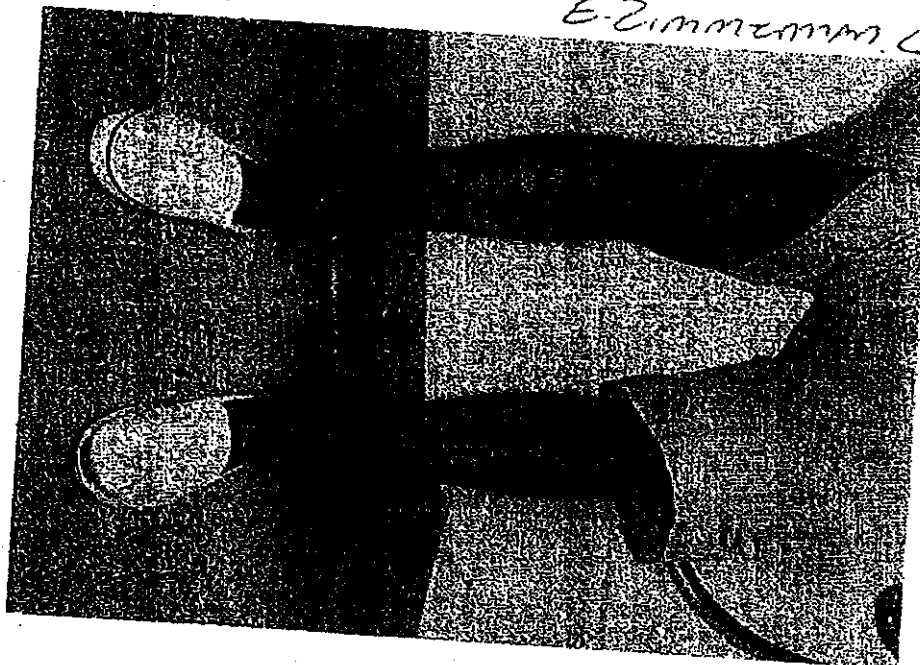
Face, upper extremities, chest.
stitches by (R) eye, post
staff assault on this date.

EXHIBIT
- 9 -

KC5108 Martin
5/5/15 1600
SCI-SMI

Lower extremities,
Ø injuries

E-Zimmerman CPN



Martin, KC5108
5/5/15 1600
SCI-SMI

Posterior, lower extremities
Ø injuries

EXHIBIT
-10-

EXAMPLE OF PASS SYSTEM AND MYELS IS AWARE
OF HOW IT OPERATES

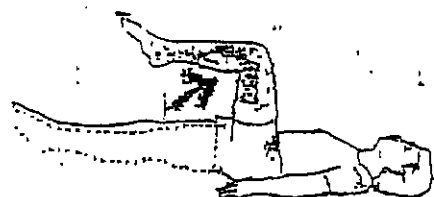
State Correctional Institution at SMITHFIELD			
Inmate: KC5108	MARTIN, TYRONE	Inmate Pass	Date: 4/9/2015
Staff	Appointment	Housing: C-A-2023	Callout#: 2755336
R Lubert	Legal deadline	Location	Arrive: 1420
		Library	Depart: 1600
Comments:		Job: Unassigned	
Issuing Authority:	<u>T Myers</u>	Time Left: <u>1420</u>	Return To:
Destination Authority:	<u>[Signature]</u>	Time Arrived: <u>1420</u>	Time Left: <u>1550</u>
Return Authority:	<u>[Signature]</u>	Time Returned:	
*** YOU ARE TO REPORT TO THE STAFF MEMBER / APPOINTMENT AT LOCATION LISTED ABOVE ***			
*** FAILURE TO RESPOND TO PASS WILL RESULT IN A MISCONDUCT ***			

EXHIBIT

03/07/2013 09:35

PHS ~~SECRET~~

PAGE 01/01



NO
WEIGHT

KNEE TO CHEST

HOLD EACH EXERCISE 5 SEC
DO 2 SETS OF 10 REPS
2-3 X 1 DAY



(2)

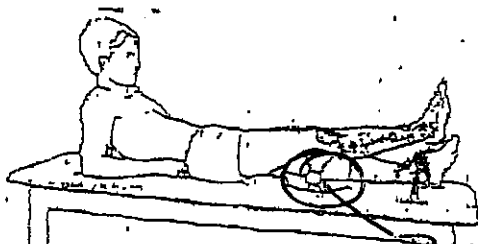
Roll towel UNDER KNEE

QUAD SETS - PUSH BACK OF KNEE DOWN TO THE BED



(3)

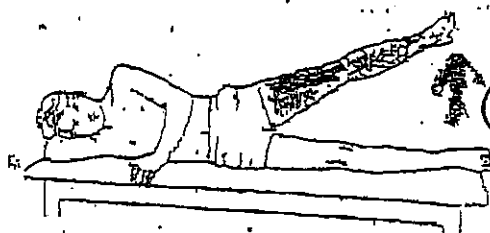
STRAIGHT LEG RAISE - LOCK KNEE



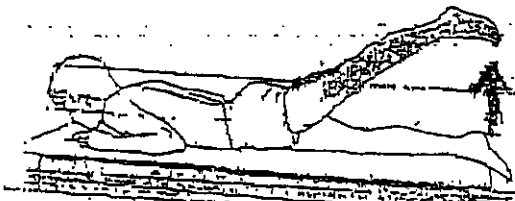
(4)

Allow

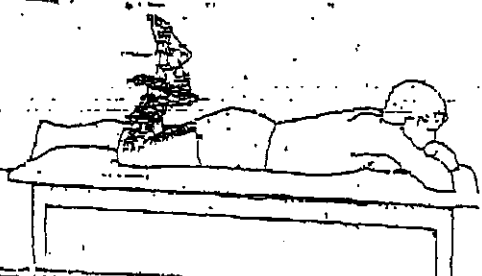
When knee bent over better straighten knee by tightening muscle on top of thigh. Be sure to keep bottom of knee on floor.



(5)



(6)



(7)

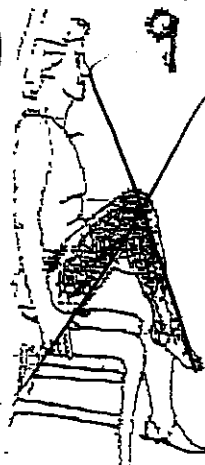
7A

STRETCH WITH OTHER

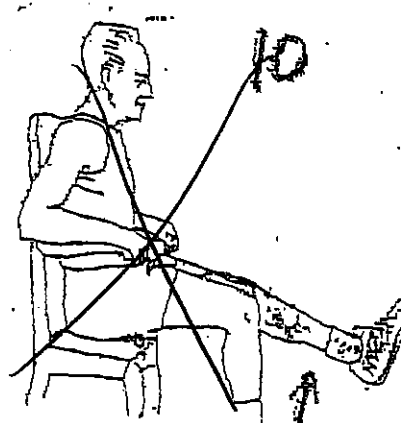


(8)

OR USE CHAIR FOR TOP LEG

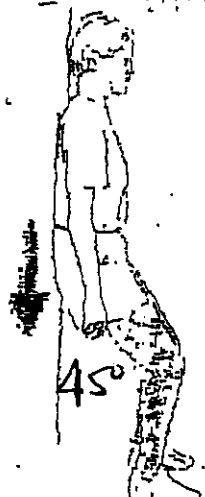


9



10

STRAIGHTEN KNEE



(11)

45°

BEND HIP
BRING KNEE TO STOMACH

CALF RAISES = 25 X

EXHIBIT-12-

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

FOR OFFICIAL USE

6163416
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SMITH	DATE: 3-7-16
FROM: (INMATE NAME & NUMBER) MORSE MARTIN KC5108	SIGNATURE OF INMATE: Morse Martin	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: 1A	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking.

ON 3-7-16 MY CLEARLY MARKED LEGAL MAIL FROM THE PENNSYLVANIA INSTITUTIONAL LAW PROJECT WAS HANDLED TO ME OPEN AND ITS CONTROL NUMBER WAS MARK OVER WITH STAFF ONLY BLACK MARKER. THIS MAIL WAS DELIVERED BY MCCONAUGHEY 2 TO 10 SHIFT. THIS LEGAL MAIL CONCERNED THE CASE IN WHICH STAFF IS PRESSING CHARGES. MCCONAUGHEY ASK ME IF I WANTED MY ALREADY OPEN LEGAL MAIL MARKED (LOC) ON LEGAL LOG. THIS IS AN ONGOING PROBLEM. RELIEF: MURPHY SAVE VIDEO OF MAIL DELIVERY.

B. List actions taken and staff you have contacted, before submitting this grievance.

~~MCCONAUGHEY, MURPHY, STAFF~~

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Soldubay
Signature of Facility Grievance Coordinator

3/9/16
Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 4/27/2015
Effective: 5/1/2015

Attachment 1-A

EXHIBIT-13-

INITIAL REVIEW RESPONSE

SCI Smithfield
PO Box 999, 1120 Pike Street
Hunington, PA 16652

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Tyrone Martin	Inmate Number:	KC-5108
Facility:	SCI Smithfield	Unit Location:	K-A2-1019
Grievance #:	616364-16	Grievance Date:	03/07/2016
Publication (if applicable):			
Decision:			
<input type="checkbox"/> Uphold Inmate <input type="checkbox"/> Grievance Denied <input checked="" type="checkbox"/> Uphold in part/Denied in part			
<i>It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:			
<p>I have reviewed your grievance. You state that on 3/7/16 you received mail marked legal from the Pennsylvania Institutional Law Project that was opened. The control number had been scratched out. Staff ask if you wanted to sign for the open mail. This was marked in the legal mail log.</p> <p>The Mailroom Supervisor came to discuss this with you at your cell. Afterwards he came and talked to the Business Manager. The Mailroom Supervisor confirmed the mail had a control number scratched out but could not verify it had been opened in the mailroom. After the discussions, procedures were put in place to try and stop the opening of your legal mail. The Mailroom staff did not open your mail intentionally, but it was in fact, opened outside your presence. I uphold your grievance in part by stating the mail was opened outside your presence, but deny it in part because I cannot authorize any money.</p> <p>Rs</p> <p style="text-align: right;">Wid</p>			
Signature:	Richard Moyer <i>Richard Moyer</i>		
Title:	Business Manager		
Date:	3/21/16		

cc: Facility Grievance Coordinator
DC-15
File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 1/26/2016
Effective: 2/16/2016

Attachment 1-D
DIST DATE
3-21-16
RM

SGI
APPEAL TO FACILITY MANAGER
GRIEVANCE

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
KC5108	MARTIN	A	3-21-16	616364

I received my initial response from the Grievance Office/Coordinator on 3-21-16
and have the following appeal issues:

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

ALTHOUGH RICHARD MOYER CAN NOT AUTHORIZED
ANY MONEY HE SHOULD BE ABLE TO ADMIT THAT
~~ON~~ THIS ISSUE HAS BEEN AN ONGOING PROBLEM
WHICH HAS NOW COME SHINING TO LIGHT.
THE VIOLATION ARE CLEAR AND NO ONE KNOWS
IF THE MAIL IS BEING COPIED OR IF ANYTHING
WAS REMOVED AS IT WOULD TAKE TIME TO PIN
POINT EXACTLY WHAT IS MISSING IF ANYTHING AT
ALL OR TO KNOW IF ITS BEING COPIED. AS IT
STANDS I MUST EXHAUST STATE REMEDIES TO
SEEK THE RELIEF NEEDED TO MAKE STAFF
PUT A COMPLETE END TO THIS PROBLEM

RELIEF: SAME AS GRIEVANCE

INMATE SIGNATURE: [Signature]

Facility Manager's Appeal Response
SCI Smithfield
1120 Pike Street, PO Box 999
Huntingdon, PA 16652

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

Inmate Name:	Tyrone Martin	Inmate Number:	KC5108
Facility:	SCI Smithfield	Unit Location:	K Block
Grievance #:	616364-16		
Publication (if applicable):			
Decision:	<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold in part/Deny in part <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Dismiss/Dismiss Untimely		
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	<i>Frivolous</i>		
<p>In reviewing your grievance and appeal, it is noted that your issue regarding your legal mail, which you state was received on 3-7-16 from PA Institutional Law Project opened and with the control number scratched out was adequately addressed by assigned grievance officer, Business Manager, Mr. R. Moyer</p> <p>In your appeal you present issues as noted in your initial grievance. The records reflect the grievance officer provided you with a complete and thorough response in regards to your issues. The records reflect the grievance officer's investigation included directing the Mailroom Supervisor to go to your cell and discuss this issue with you. During this conversation and review of the mail item, the Mailroom Supervisor verified the control number was scratched out, but could not verify that it was opened in the Mailroom. The records reflect the grievance officer properly responded and upheld your grievance in part as the mail was opened outside your presence. I had this concern reviewed and assigned staff to ensure the implemented procedures for the processing of legal mail are being followed by Mailroom staff to prevent legal mail from being opened outside the presence of inmate(s).</p> <p>Your requested relief is denied. Response is upheld.</p>			
Signature:	Kevin Kauffman		
Title:	Facility Manager		
Date:	04/01/16		

Cc: Deputy Wakefield
 Ms. Streightiff

A/Deputy Chism
 DC-15

Ms. Hollibaugh
 File

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Issued: 1/26/2016
 Effective: 2/16/2016

Attachment 2-B

EXHIBIT-14-

Inmate Appeal to Final Review
GRIEVANCE

INMATE NUMBER	NAME	FACILITY	DATE	GRIEVANCE#
KC5108	MARTIN	SMITH	4-7-16	616364-16

I am appealing from the Superintendent on _____ and have the following

 4-4-16

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.
 This appeal must relate to the issue presented in the initial grievance and 1st level appeal.

Please provide a BRIEF (no longer than two pages) appeal statement.

IT SEEMS CLEAR THAT RELIEF AT THE GRIEVANCE
 STAGE REMAINS IMPOSSIBLE. STAFF ACTIONS ARE
 RETALIATORY CREATING A CONFLICT OF INTEREST
 VIOLATING POLICY AND PROVIDING AN UNFAIR ADVANTAGE
 TO STAFF DENYING ME A FAIR TRIAL, VIOLATING
 CONFIDENTIALITY COMMUNICATION, DEFENSE TACTICS
 CAUSING MENTAL DURESS.

JOHN V. NYC DOC, 183 F Supp 2d 619 (SDNY 2002)
 BIEREGU V. RENO 59 F.3d 1445 (3d Cir 1995)
 THIS IS AN ON GOING PROBLEM WHICH SEEMS
 TO ALLOW STAFF TO IGNORE POLICY (RULES) AND NEVER
 MAKE ROGUE OFFICIALS PAY FOR THEIR ACTIONS.
 C/O MCCULLAUGHEY AND IT BELLY BOTH ACKNOWLEDGE
 THIS ON GOING PROBLEM AS DID JOHN H. NEUMAN
 MAIL ROOM SUPERVISOR: POLICY DC-ADM 803 2(B)(1);
 TIMOTHY A. HOLMES (DOC COUNSEL) DAVID SMITH
 (HUNTINGDON COUNTY DA); KEVIN KAUFFMAN (SUPERINTENDENT)
 AND CHRISTOPHER WENCKER (MY ATTORNEY) ARE ALL
 AWARE OF THIS PROBLEM. RELIEF IS DUE
 EXHAUSTION REQUIREMENT. {RELIEF SAME AS ASK
 613002-16 SAME PROBLEM {DURING INITIAL GRIEVANCE

INMATE SIGNATURE: _____

2016

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Inmate Name:	Tyrone Martin	Inmate Number:	KC5108
SCJ Filed at:	Smithfield	Current SCJ:	Smithfield
Grievance #:	616364		
Publication (if applicable):			
Decision:	<input type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input checked="" type="checkbox"/> Uphold in part/Deny in part		
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	<div style="text-align: right; font-size: small;">Private</div> <p>You state in your grievance that on 3/7/16 you received mail marked legal from the PA Institutional Law Project that was opened and its control number was marked over with staff only. Mr. Moyer conducted an investigation into your allegations. The record reflects that Mr. Neumann interviewed you at your cell and confirmed that the mail had a control number scratched out but could not verify that it had been opened in the mailroom. The record reflects that there is no evidence that the mailroom staff opened your mail intentionally but your mail was indeed opened outside your presence. Your grievance is upheld in part due to the fact that your legal mail was opened outside your presence but denied in your relief sought. Procedures have been developed to keep this from happening in the future.</p>		
Signature:	Dorina Varner <i>Dorina Varner</i>		
Title:	Chief Grievance Officer		
Date:	4/26/16		

DLV

cc:

 Grievance Office

I WROTE THIS
TO SHOW WHAT TIME
I RECEIVED OPEN LEGAL
MAIL

PARSON
7:45pm
5-16-16

ATTORNEY-CLIENT PRIVILEGED COMMUNICATION

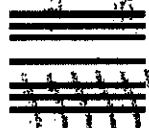
Tyrone Martin, KC5108
P.O. Box 999
1120 Pike Street
Huntingdon PA 16652-1172

A30
Legal



SHOAF & WENCKER, LLC
201 5th Street, Suite 201
Huntingdon, Pennsylvania 16652

JOHNSTOWN PA 158
MAY 2016 PM 3:11



US POSTAGE
FIRST CLASS
FROM 16652
05/16/2016
\$0.465
stamp.com



SHOAF & WENCKER, LLC
201 5th Street, Suite 201
Huntingdon, Pennsylvania 16652

Tyrone Martin, KC5108
P.O. Box 999
1120 Pike Street
Huntingdon PA 16652-1172

A30
Legal

JOHNSTOWN PA 158



US POSTAGE
FIRST CLASS
FROM 16652
05/16/2016
\$0.465
stamp.com

Erica Spoz

EXHIBIT-15-



Erica J. Shoaf, Esq.*
erica@shoafandwencker.com

Christopher B. Wencker, Esq.*
chris@shoafandwencker.com

* also licensed in Arizona

March 23, 2016

Tyrone Martin, KC5108
SCI-Smithfield
P.O. Box 999, 1120 Pike Street
Huntingdon, Pennsylvania 16652

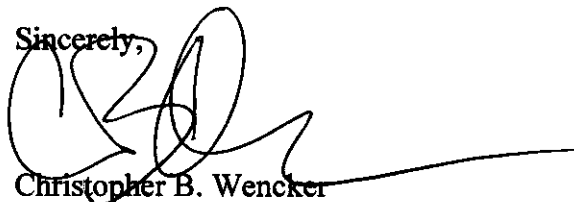
Re: Your recent correspondence

Dear Mr. Martin:

I have received your correspondence of March 18, 2016, in which you insist that I should write you regarding your case. As I mentioned when we last met, I am not inclined to discuss case strategy or my work product in a forum that the Commonwealth has repeatedly violated and inspected. Until I am able to obtain reliable assurance that our communications will remain private, I cannot discuss your case in any detail with you. Please know, however, that I am working on your case, and hope to have some meaningful progress on it soon.

Regarding discovery matters, those are still rather limited at this point – which is the point of our upcoming hearing. Nonetheless, I am still preparing a pretrial motion that will address some of the issues in the case. Please continue to let me know if you have any ideas or issues. Thank you.

Sincerely,



Christopher B. Wencker

EXHIBIT-16-

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <u>JOHN H NEUMANN</u>	2. Date: <u>3-19-16</u>
3. By: (Print Inmate Name and Number) <u>TYRONE MARTIN</u> <u>KC 5108</u> Inmate Signature	4. Counselor's Name 5. Unit Manager's Name
6. Work Assignment	7. Housing Assignment <u>19</u>
8. Subject: State your request completely but briefly. Give details.	
<p>AFTER RECEIVING YOUR LAST RESPONSE IVE REALIZED THAT YOU'VE ANSWERED SEVERAL OF MY REQUEST SLIPS CONCERNING THIS LEGAL MAIL PROBLEM. IN THE PAST YOU'VE WROTE THAT MY ATTORNEYS CONTACT NUMBER WAS IN VALID (WRONG) YET YOU CAME TO MY CELL AND MADE IT CLEAR THAT IS FALSE.</p>	
9. Response (This Section for Staff Response Only)	
<p>WHY THE CHANGE?</p> <p>The sender put the wrong ACN on the mail if I recollect correctly. They do have a valid ACN but didn't put it on the envelope correctly.</p>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

Print

Sign

Revised July 2000

EXHIBIT-17 -

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) LISA HOLIBROOK		2. Date: 3-22-16	
3. By: (Print Inmate Name and Number) TYRONNE MARTIN KC 5108 Inmate Signature		4. Counselor's Name	
		5. Unit Manager's Name	
6. Work Assignment		7. Housing Assignment 19	
8. Subject: State your request completely but briefly. Give details.			
THIS IS MY NUMBER HOWEVER WALTER SMITH IS NOT MY NAME NOR DO I HAVE A GRIEVANCE #614424-16. WHAT I THINK IS MOST STRANGE IS HOW STAFF WHO DELIVERS MAIL GIVES OTHER INMATES OTHER INMATES MAIL WHO SUPERVISES THESE ROUTE C/O'S?			
Response: (This section for Staff Response Only)			
Martin - Thank you - this was corrected.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Straight

Print

Date

3-23-16

Sign

Revised July 2000

EXHIBIT 18-

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>HOLLIBAUGH</u>		2. Date: <u>10-8-15</u>	
3. By: (Print Inmate Name and Number) <u>TYRONE MARTIN KC 5108</u> <u>Tyrone Martin</u> Inmate Signature		4. Counselor's Name	
6. Work Assignment		5. Unit Manager's Name <u>MOLDER</u>	
7. Housing Assignment <u>19.</u>		8. Subject: State your request completely but briefly. Give details. <u>ON 5-12-15, 5-19-15, + 6-9-15 MS ROSS AND WHO</u> <u>EVEN ELSE ARE TO BLAME NEVER TO ANY FRONT FACIAL</u> <u>X-RAY FURTHERMORE EACH SIDE VIEW IS ANGLED.</u> <u>GRIEVANCE IS ON FILE. AND TODAY 10-8-15 C/O J.E. SAKKO</u> <u>TO ME TO REVIEW X-RAYS WHICH REVEALED WHAT</u> <u>I'VE STATED ALL ALONG NO X-RAYS OF MY FACE WERE</u> <u>TOOK (FRONT). CONSERVING MY INJURIES FROM THIS</u> <u>SUBTLE INVESTIGATION. ARE YOU IN ON THIS?</u>	
9. Response: (This Section for Staff Response Only)			
<p>I do not oversee the medical</p> <p>Dept. Contact Mr. Dreibelbis</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

10/13/15

Revised July 2000

EXHIBIT-19-

PLEASE RESPOND WITH IN THE INMATE POLICY ALLOWNS

The Original of the Document has
been filed in the Office of the
Prothonotary/Clerk of Court on

APR 12 2016

IN THE HUNTINGDON COUNTY COURT OF COMMON PLEAS

COMMONWEALTH OF PENNSYLVANIA

COMMONWEALTH OF PENNSYLVANIA,

Plaintiff,

CASE NO. CP-31-CR-581-2015

vs.

(Assigned to Hon. George Zanic)

TYRONE MARTIN,

Defendant.

OMNIBUS PRETRIAL MOTION FOR RELIEF

COMES NOW the Defendant, by and through counsel undersigned, and pursuant to Rule 578, Pa.R.Crim.P., hereby moves this Honorable Court for the following relief:

I. Dismissal of All Charges

1. In any criminal prosecution for a felony offense, the accused is entitled to representation by counsel, and counsel must be appointed to any criminal defendant who cannot afford to hire one. *See Gideon v. Wainwright*, 372 U.S. 335 (1963); *Commonwealth v. Zrncic*, 2016 PA Super 29 (Pa. Super. Ct. 2016) (citing *Commonwealth ex rel. Wright v. Cavell*, 220 A.2d 611, 614 (Pa. 1966)).
2. An indispensable component of an attorney's representation of his client is the ability to communicate privately with the client. *See, e.g.*, Rule 1.6, Pa.R.Prof.Cond. (2016).
3. In order to properly safeguard privileged communications between an inmate and his or her attorney, the Department of Corrections ("DOC" or "Department") has established policies whereby an attorney may obtain an Attorney Control Number ("ACN"), which can be printed on a removable sticker attached to the exterior of a privileged piece of mail. Such mail is then opened in the presence of the inmate and inspected for contraband without reading its contents. All such mail is also to be noted in a Legal Mail Log. *See* DC-ADM 803, Inmate Mail and Incoming

- 1 8. The most recent strategy chosen by the staff at SCI-Smithfield is to indicate that the "S" in
2 undersigned counsel's ACN was erroneously replaced by a "5" by undersigned counsel or his staff,
3 thus rendering the ACN invalid and ineffective in preserving the attorney-client privilege.
4 (Exhibits F, G, and H).
- 5 9. As an initial matter, the sanctity of a constitutionally-protected right as important as the attorney-
6 client privilege cannot reasonably be held to turn on such an apparently simple mistake – which
7 was not even a mistake that undersigned counsel or his staff ever made.
- 8 10. In fact, the mistaken replacement of an "S" with a "5" cannot have occurred in this case, as
9 undersigned counsel's staff prints the stickers containing the firm's ACN with a computer, which
10 results in labels clearly showing the correct ACN. On one occasion, undersigned counsel's staff
11 printed the sticker by hand, and on that occasion the ACN still was clearly legible and correct.
12 (Exhibit I).
- 13 11. A continuous practice of opening an inmate's clearly-marked legal mail outside of his presence –
14 such as the course of conduct engaged by the staff at the institution in this case – is a *per se*
15 violation of the inmate's constitutionally-protected rights, and does not require any showing of
16 particular injury. See *Jones v. Jane Doe*, No. 809 C.D. 2015 (Pa. Commw. Ct. 2015) (citing *Jones*
17 *v. Brown*, 461 F.3d 353, 355 (3d Cir. 2006), cert. denied, 549 U.S. 1286 (2007); *Bieregu v. Reno*,
18 59 F.3d 1445, 1458 (3d Cir. 1995), overruled on other grounds, *Lewis v. Casey*, 518 U.S. 343
19 (1996); *Brown v. Pennsylvania Department of Corrections*, 932 A.2d 316, 319 (Pa. Commw. Ct.
20 2007)).
- 21 12. The staff at SCI-Smithfield also have prevented meaningful in-person contact between
22 undersigned counsel and the Defendant. Undersigned counsel had one "contact visit" with his
23 client early in the case, shortly after the Commonwealth's initial disclosure. Since that visit, all of
24

1 20. The Commonwealth has failed to allege that any "deadly weapon or instrument" was used or
2 possessed by the Defendant during the alleged incident, or to adduce any evidence even suggesting
3 that such was the case.

4 21. The Commonwealth has failed to adduce sufficient evidence to suggest that the Defendant used
5 "any means of force likely to produce serious bodily injury." *See, e.g., Commonwealth v. Chew,*
6 487 A.2d 1379, 338 Pa.Super. 472 (Pa. Super. Ct. 1985), and cases cited therein.

7 22. As the Commonwealth has failed to provide evidence to support the elements of the offenses
8 charged in Counts 1 through 4 of the Information, those counts must be dismissed.

9 **III. Appointment of an Investigator**

10 23. The Commonwealth has identified four alleged victims in this case, as well as five witnesses, two
11 of whom are inmates. The Defendant has identified several other witnesses, many of whom are
12 inmates.

13 24. An issue in this case is whether the Defendant was attacked by the alleged victims and thus acted
14 in self-defense.

15 25. In order to adequately prepare for the defense of this case, undersigned counsel requires interviews
16 of all of the alleged victims and other witnesses, as well as information relevant to events that
17 occurred the day of the incident.

18 26. As noted above, the institution has interfered with undersigned counsel's access to his client. The
19 institution, the Department, and the Commonwealth also have not adequately responded to
20 undersigned counsel's request for disclosure.

21 27. Undersigned counsel thus requires the assistance of an investigator in investigating and preparing
22 the defense of the charges in this case, and requests that funds be authorized to hire an investigator.

23 RESPECTFULLY SUBMITTED this 12th day of April, 2016.

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

MAIL ROOM SUPERVISOR

2. Date:

1-18-16

3. By: (Print Inmate Name and Number)

TYRONIE MARTIN

KC 5108

Inmate Signature

4. Counselor's Name

5. Unit Manager's Name

6. Work Assignment

7. Housing Assignment

8. Subject: State your request completely but briefly. Give details.

PLEASE TELL ME WHY MY LEGAL MAIL
KEEPS COMING OPEN BY THE MAIL ROOM?
EVEN WHEN THEIR IS "ATTORNEY-CLIENT"
PRIVILEGED COMMUNICATION "PLASTERED"
ACROSS IT. I HAVE / AM CHARGE BY
THIS JAIL OF A CRIME AND AWAIT TRIAL
BUT YOU KEEP VIOLATING MY RIGHTS.

It isn't legal mail if it doesn't have
an Attorney Control Number on it.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date

1/20/16

Revised July 2000

Exhibit A

PLEASE RESPOND WITHIN 72 HOURS

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections	
		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>LT BERRY</u>		2. Date: <u>2-4-16</u>	
3. By: (Print Inmate Name and Number) <u>TYRONE MARTIN</u> <u>KC5108</u> Inmate Signature		4. Counselor's Name	
		5. Unit Manager's Name	
6. Work Assignment		7. Housing Assignment <u>14</u>	
8. Subject: State your request completely but briefly. Give details.			
<p><u>YOU ARE AWARE THAT MY LEGAL</u> <u>MARTIN CAME OPEN TODAY. ONCE</u> <u>AGAIN EVEN WITH AN CONTROL</u> <u>NUMBER ATTACHED. THIS IS A</u> <u>PROBLEM WHICH I HOPE YOU VI</u> <u>ADDRESS</u></p> <p><u>Been made aware of the</u> <u>Situation ~</u></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

LT Berry

Sign

Date

2/4/16

Revised July 2000

Exhibit C

Revised July 2000

Exhibit E

INITIAL REVIEW RESPONSE

SCI Smithfield
1120 Pike Street
Huntingdon, PA 16652

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Tyrone Martin	KC5108
SCI Smithfield	K Block
613002-16	2/14/16
Publication (if applicable):	
<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in part/Denied in part	
<i>It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>	
<p>In your grievance you stated that on 2/8/16 you received legal mail that was once again opened and this is a violation of your rights. You informed the mailroom supervisor of this problem and you were told that the Attorney control number was not valid and the mail can be opened, which you feel is a lie. Your right to a fair trial is being violated as your legal mail is being tampered with. You would like for staff to stop ignoring inmate rights.</p> <p>Mailroom staff inspect mail and verify all Attorney control numbers before it is marked as legal in nature. I spoke with UM Kohler and he stated the control number was scratched off the envelope but you received a photo copy of it from your lawyer and the number that you gave him is an incorrect control number. This is why your mail was not treated as legal.</p> <p>Grievance denied.</p>	
Signature:	E. Stone <i>E. Stone</i>
Title:	Accountant
Date:	2/26/16

cc: Supt Kauffman
Dept Wakefield
Dept Whitesel
Major Chism
DC-15
File


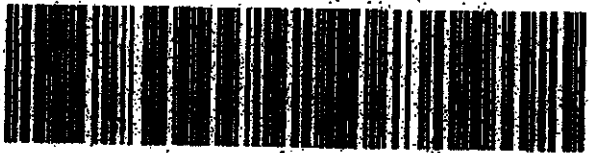
DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 - Grievances & Initial Review

Issued: 1/28/2016
Effective: 2/16/2016

Exhibit G

Attachment 1-D

dist
2-26-16
DG

P	US POSTAGE & FEES PAID 3 LB PRIORITY MAIL RATE ZONE 1 NO SURCHARGE COMMERCIAL BASE PRICING	0625000658000 FROM 16652
		02/02/2016
PRIORITY MAIL 2-DAY™		
Erica Shoaf Shoaf & Wencker, LLC 201 5th St Ste 201 Huntingdon PA 16652		0025
		C005
SHIP TO: Tyrone Martin, KC5108 SCI Smithfield P.O. Box 999 1120 Pike Street Huntingdon PA 16652-1172		
USPS TRACKING #		
		
9405 5118 9958 3373 5990 34		

Erica shoaf 2014022051641

Exhibit I



Erica J. Shoaf, Esq.*
erica@shoafandwencker.com

Christopher B. Wencker, Esq.*
chris@shoafandwencker.com

* also licensed in Arizona

February 9, 2016

Kevin Kauffman, Superintendent
State Correctional Institution - Scranton
1120 Pike Street
P.O. Box 999
Huntingdon, Pennsylvania 16652

Re: Tyrone Martin, Inmate No. KC5108; Interception of privileged communications

Dear Mr. Kauffman:

I represent Tyrone Martin regarding pending criminal charges. A copy of the Order of the Huntingdon County Court of Common Pleas appointing me to represent Mr. Martin is enclosed as confirmation that he is my client. Accordingly, any communications between me and Mr. Martin regarding our case are privileged and not subject to scrutiny. *See, e.g., Rule 1.6, Pa.R.Prof.Cond.; In re Thirty-Third Statewide Investigating Grand Jury. Petition of Pa. Tpk. Comm'n*, 86 A.3d 204 (Pa. 2014).

Notwithstanding this widely respected and firmly rooted rule, I have been informed that my mail to my client has been opened by your staff on numerous occasions. Mr. Martin has complained repeatedly about this violation of his privilege. Recently, he has been advised that my mail to him "isn't legal mail if it doesn't have an Attorney Control Number on it." (Inmate's Request to Staff Member, Form DC-135A, dated January 18, 2016, a copy of which is enclosed). This statement apparently refers to Department of Corrections (DOC) Policy DC-ADM 803, Inmate Mail and Incoming Publications, and specifically Section 2(B), which requires attorney-client privileged mail to be marked with a "Control Number" issued by the DOC's Office of Chief Counsel. Despite your staff's implication, we have regularly and consistently attached a Control Number to my correspondence to my client. A copy of one of our recent mailings to my client is enclosed to illustrate this fact.

Section 2(B)(1) dictates that "[i]ncoming privileged correspondence will be opened and inspected for contraband in the presence of the inmate to whom it is addressed." Contrary to this clear mandate, my mail to my client has repeatedly been opened before even being delivered to him. Section 2(B)(1)

201 Fifth Street, Suite 201, Huntingdon, Pennsylvania 16652
Telephone: (814) 682-6814 Facsimile: (814) 690-1808
www.ShoafandWencker.com www.HuntingdonLaw.com

EXHIBIT-21-

SHOAF & WENCKER, LLC


To: Kevin Kauffman, Superintendent
Re: Tyrone Martin, Inmate No. KC5108; Interception of privileged communications

Page 2 of 2

also requires that incoming legal mail be logged on a Legal Mail Log (Attachment 2-B), which must be signed by the inmate upon receipt of the mail. As this requirement also seems to be unfulfilled, I hereby demand production of the Legal Mail Log for each item of mail that my office has delivered to Mr. Martin. Please deliver these logs to my office no later than fifteen days from the date of this letter.

Your institution's repeated intrusions into my privileged communications with my client is a serious issue, and I expect it to be addressed immediately and decisively. Should I learn that another such violation of our privilege occurs, I may pursue any available legal remedy at my disposal, without providing any further notice. Please feel free to contact me if you have any questions.

Sincerely,



Christopher B. Wencker

Enclosures

cc: Timothy A. Holmes, Acting Deputy Chief Counsel for Litigation
Office of Chief Counsel
Pennsylvania Department of Corrections
1920 Technology Parkway
Mechanicsburg, Pennsylvania 17050

David Smith
Huntingdon County District Attorney
207 Washington Street
Huntingdon, Pennsylvania 16652

Tyrone Martin, KC5108
SCI-Smithfield
P.O. Box 999
1120 Pike Street
Huntingdon, Pennsylvania 16652

Wencker

**IN THE COURT OF COMMON PLEAS OF HUNTINGDON COUNTY, PENNSYLVANIA
CRIMINAL DIVISION**

COMMONWEALTH OF PENNSYLVANIA: NO. CP-31-20302-CR-139-2015


VS

TYRONE MARTIN

ORDER

**AND NOW, this 21st day of October, 2015, the appointment of Attorney
Christopher Wencker to serve as Counsel for Tyrone Martin in the above-captioned
case shall replace the prior appointment of Attorney Justin Miller.**

BY THE COURT:


George N. Zanic, President Judge

**The Original of the Document has
been filed in the Office of the
Prothonotary/Clerk of Court on**

OCT 21 2015

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

MAIL ROOM SUPERVISOR

2. Date:

1-18-16

3. By: (Print Inmate Name and Number)

TYRONE MARTIN

4. Counselor's Name

KC5108

5. Unit Manager's Name

Inmate Signature

6. Work Assignment

7. Housing Assignment

14

8. Subject: State your request completely but briefly. Give details.

PLEASE TELL ME WHY MY LEGAL MAIL
KEEPS COMING OPEN BY THE MAIL ROOM?
EVEN WHEN THERE IS "ATTORNEY-CLIENT"
~~PRIVILEGED~~ COMMUNICATION "PLASTERED"
ACROSS IT. I HAVE / AM CHARGE BY
THIS JAIL OF A CRIME AND AWAIT TRIAL
BUT YOU KEEP VIOLATING MY RIGHTS.

STF isn't legal mail if it doesn't have
an Attorney Control Number on it.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print



Sign

Date

1/20/16

Revised July 2000

PLEASE RESPOND WITH IN POLICY ALLOWED TIME FRAME

P	US POSTAGE & FEES PAID 3 LB PRIORITY MAIL RATE ZONE 1 NO SURCHARGE COMMERCIAL BASE PRICING	06250000650000 FROM 16652
		02/02/2016
PRIORITY MAIL 2-DAY™		
Erica Shoaf Shoaf & Wencker, LLC 201 5th St Ste 201 Huntingdon PA 16652		0025
		C005
SHIP TO: Tyrone Martin, KC5108 SCI Smithfield P.O. Box 999 1120 Pike Street Huntingdon PA 16652-1172		
USPS TRACKING #		
		
9405 5118 9956 3373 5990 34		

Erica Shoaf 2014022031641

RELEASE FROM RESPONSIBILITY FOR MEDICAL TREATMENT

I, Tyrone Martin, an inmate at S.C.I. Smithfield,
(Inmate's name) (Facility)

have been advised by the physician named below that I am in need of medical treatment for:

X-Ray (L) Elbow, (R) Orbit, Facial Bones

I understand the nature of the treatment is: (Give brief description of the medical treatment required, and the possible consequences of this inmate not receiving it.)

By refusing the x-ray any fracture, dislocation or other abnormality will go undetected and therefore untreated! This could result in permanent damage.

I hereby refuse this treatment. I have been fully advised of the nature of my ailment or injury and fully realize the effects that may result from my refusal to accept the prescribed treatment. I hereby release the attending physician, and the institution from all legal responsibility for any ill effects which may result from my refusal to accept medical treatment.

In signing this, I certify that the above has been read and fully explained to me. **JOHN KEPHART DO**
MEDICAL DIRECTOR

Refused to sign 5/7/15
Inmate Signature Date

[Signature] 5/7/15
Witness Signature Date

[Signature] 5/7/15
Physician Signature Date

[Signature] 5/7/15
Attending Health Care Provider Signature Date

Release from Responsibility for
 Medical Treatment
 Commonwealth of Pennsylvania
 Department of Corrections
 DC-462
 Revised 6-02

Inmate Name: Martin, Tyrone
 Inmate Number: KC5108
 DOB: 10/3/71
 Facility: Smil

EXHIBIT-22-

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA 17050FOR OFFICIAL USE
566563-15
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY:	DATE: 5/12/15
FROM: (INMATE NAME & NUMBER)	SIGNATURE OF INMATE:	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: 1240 24	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. ON 5-12-15 I WAS TOOK TO MEDICAL FOR X RAYS. AT WHICH TIME ONLY ONE SIDE OF MY FACE WAS X-RAY AND THE BACK OF MY HEAD. I DID NOT RECIEVE A FULL FACIAL AND HEAD X-RAY (MEDICAL TREATMENT) AS IF THEY WISH TO HIDE MY INJURY. RELIEF: FULL XRAY, MONEY		
B. List actions taken and staff you have contacted, before submitting this grievance. STAFF, DOC		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial ReviewIssued: 3/31/2014
Effective: 5/1/2014

Attachment 1-A

EXHIBIT-23-

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA 17050FOR OFFICIAL USE
5/12/15
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: 1-1177H	DATE: 5-12-15
FROM: (INMATE NAME & NUMBER) 11111/11111	SIGNATURE OF INMATE: [Signature]	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: 11111	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8½" x 11" page). State all relief that you are seeking. ON 5-12-15 I WAS TOLD TO WAIT FOR X-RAYS. AT WHICH TIME ONLY ONE X-RAY OF MY FACE WAS TAKEN. I DID NOT RECEIVE A FULL FACIAL X-RAY. (MEDICAL TECHNICIAN) AS IF THEY WENT TO HIDE MY INJURY. (HEAD) RELIEF: FULL X-RAY.		
B. List actions taken and staff you have contacted, before submitting this grievance. STAFF: DOC		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

Date

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial ReviewIssued: 3/31/2014
Effective: 5/1/2014

Attachment 1-A

B.1 of E.3

Title:	Registered Nurse Supervisor
Date:	5-26-15

cc: Superintendent, Deputy Wakefield , Deputy Whitesel, DC-15

lgh

COFE-3

SCI SMITHFIELD
APPEAL TO FACILITY MANAGER
GRIEVANCE

Inmate Number	NAME	HOUSING UNIT	DATE	GRIEVANCE#
KC5108	MARTIN	RHV 24	5-30-15	566563-15

I received my initial response from the Grievance Office/Coordinator on 5-29-15 and have the following appeal issues.

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions.

Please provide a BRIEF (no longer than two pages) appeal statement.

RE: MARTIN V. DOC: PLEASE BE AWARE THAT MEDICAL HAS JUST ADMITTED IN WRITING TO COVERING UP MY MEDICAL INJURIES. IN ITS INITIAL REVIEW RESPONSE THEY STATE THAT THE X-RAYS TAKEN WERE NOT OF MY INJURIES ON MY RIGHT SIDE OF MY FACE. THEY SAY THEY CHOSE MY LEFT SIDE WHICH I MADE NO COMPLAINT OF. I RECEIVED STITCHES ON MY RIGHT EYE AND ~~MY~~ RIGHT SIDE OF MY HEAD WAS SEWED. FURTHERMORE ONLY TWO X-RAYS WERE TOOK AND BOTH WERE OF THE LEFT SIDE. CLEARLY TRYING TO HIDE MY INJURIES.

CRUEL & UNUSUAL PUNISHMENT
 RETALIATION BY STAFF
 WOLF V. BEARD 2011 US DIST. LEXIS 15339 (ED PA 2011)
 PHYSICAL INJURY REQUIREMENT.

ABUSE: EIGHTH AMENDMENT VIOLATION
 INADEQUACY OF MEDICAL CARE.

THE RECORDS ARE CLEAR THAT IVE COMPLAINED OF INJURIES TO MY RIGHT SIDE. MY STITCHES WERE ON THAT SIDE. WE MUST ADDRESS THIS PROBLEM

(SECURITY IS HELPING COVER THIS UP) INMATE SIGNATURE: Dyane Moore
 CC: FILE

DC-ADM 804, Inmate Grievance System Procedures Manual

Section 2 - Appeals

Issued: 12/1/2010

Effective: 12/8/2010

SOMETHING IS WRONG
 HERE IN SMITHFIELD

Attachment 2-A

cc: FILE
ATTORNEY

MARTIN V. MED DEPT, DIC
566563-15

SUPERINTENDENT
T. MARTIN KC5108
Sgt. Marf's

5-30-15

MURDER

LHU 24

MS ROSS X-RAY TECH. SHE LIED THERE WAS ONLY TWO X-RAY TOOK OF MY HEAD IN AN EFFORT TO HIDE MY INJURIES AS WELL AS THE ACTUAL EXCESSIVE FORCE IN THE REVIEW RESPONSE IT STATES "I CAN NOT FIND ANY EVIDENCE OF ANY DECEPTION IN THIS CASE" CLEARLY THERE IS DECEPTION WHEN THE LEFT SIDE OF MY FACE IS X-RAY KNOWING THE INJURY IS TO THE RIGHT SIDE OF MY FACE & HEAD. SOMETHING I SPOKE OF FROM THE VERY START

DR. DANCHA, DR. KEPHART ONLY GO BY WHAT STAFF PROVIDES. IF THEY NEVER ACTUALLY CARE ABOUT TRUTH OR A BLACK PERSON THEY WOULD NOT LOOK INTO IT BUTHER. THIS IS CRUEL & UNUSUAL PUNISHMENT RETALIATION

"DELIBERATE INDIFFERENCE"

FILED SICK CALLS AGAIN

{ ON 5-31-15 } 6-1-15 {
SEEN 6-1-15 SEEN 6-2-15
DELIBERATE INDIFFERENCE

INTENTIONALLY DENYING
OR DELAYING ACCESS TO
MEDICAL TREATMENT OR
INTENTIONALLY INTERFERING
WITH THE TREATMENT ONCE
PRESCRIBED: ROUSE V. PLANTIER
'87 F.3d 197, 197 (3d Cir. 1999)

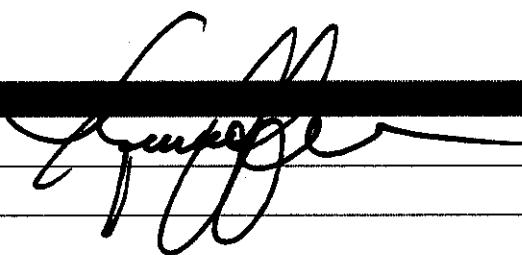
ON 6-2-15 PORTA (PA) STATED
THAT IT IS A HAMSTRING INJURY
TO MY LEG WITH OTHER BRUISES
AND SAYS SHE MUST SPEAK WITH
X-RAY TECH ON THURSDAY 6-4-15
TO TRY AND FIND OUT WHY NO
X-RAY WAS TAKEN FROM THE RIGHT
SIDE WHEN SHE (PORTA) REMOVED MY
STITCHES HERSELF FROM RIGHT SIDE

Facility Manager's Appeal Response

SCI Smithfield

PO Box 999, 1120 Pike Street
Huntingdon, PA 16652

This serves to acknowledge receipt of your grievance appeal to the Facility Manager for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to me and any other documents submitted.

Inmate Name:	Tyrone Martin	Inmate Number:	KC5108
Facility:	SCI Smithfield	Unit Location:	KA Block
Grievance #:	566563-15		
Decision:	<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold in part/Deny in part <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Dismiss/Dismiss Untimely		
<i>It is the decision of this Facility Manager to uphold the initial response, uphold the inmate, dismiss, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>			
Response:	Frivolous		
<p>In reviewing your grievance and appeal, it is noted that your issue regarding Medical Department not providing you with a full facial and head xray was adequately addressed by RN Hartman. You state on 5-12-15 you were taken to Medical for x-rays, which you only had one side of your face and back of your head x-rayed. You feel Medical wants to hide your injury. In your appeal, you present the issues as noted in your initial grievance. The records reflect the grievance officer did provide you a complete and thorough response to your issues. The records reflect the grievance officer reviewed your medical chart and referenced multiple dates of when you were seen by medical staff and provided x-rays. The records reflect the grievance officer explained why you were x-rayed on your left side, which revealed no fractures. The records reflect that you were provided with a full skull x-ray and was explained in detail of how the procedure was completed with a three view x-ray series. The records reflect the grievance officer explained the left side was chosen as there was edema and ecchymosis around your left eye. The records reflect that you had not complained or demonstrated any injuries to the right side of your face or head therefore Dr. Kephart did not order the right side view. The records reflect the grievance officer noted no evidence of deception is found in this case, as the obtaining and interpretation of the x-rays are conducted by an outside contractor. I subsequently discussed with Medical your issues with the right side of your face/eye. It was explained that medical staff have repeatedly explained to you that the full skull x-ray encompassed the right side, which revealed no fractures and have been addressed during your visits to medical.</p> <p>Your requested relief is denied. Response is upheld. Frivolous is upheld.</p>			
Signature:	Kevin Kauffman 		
Title:	Facility Manager		
Date:	06/17/15		

C: Deputy Whitesel
 Deputy Wakefield
 Ms. Hollibaugh
 Ms. Streightiff
 DC-15

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Issued: 2/27/2015
 Effective: 5/1/2015

Attachment 2-B

E OF E.3 566563-15

Inmate Appeal to Final Review
GRIEVANCE

INMATE NUMBER KC5108	NAME MARTIN	FACILITY SMITH	DATE 6-22-15	GRIEVANCE 566563-15
--------------------------------	-----------------------	--------------------------	------------------------	-------------------------------

I received my appeal from the Superintendent on 6-18-15 and have the following appeal issues.

Refer to DC-ADM 804, Grievance Appeal Procedures, for complete instructions. Appeals must relate to the issue presented in the initial grievance and 1st level appeal.

Please provide a BRIEF (no longer than two pages) appeal statement.

I APPEAL TO YOU TO GIVE YOU A CHANCE TO ADDRESS THIS PROBLEM BEFORE I FILE TORT OR FEDERAL CLAIM.

PLEASE BE AWARE THAT THE MEDICAL CHART WILL SHOW THAT THE RIGHTSIDE WAS ORDERED TO BE X-RAY 5-6-15 or 5-7-15 BUT ON THE DAY I WAS X-RAY STAFF HAD A SIDE BAR CONVERSATION WITH THE X-RAY TECH. AND MY LEFT SIDE WAS ONLY X-RAY. IVE ALREADY PAID FOR A COPY OF MY MEDICAL CHART AND REVIEW IT A FEW DAYS AGO. ALSO SECURITY HAS PICTURES WHICH SHOWS MY ACTUAL INJURIES AND ALTHOUGH THE DOCTOR WRITE LEFTSIDE ON MAY 5th ONE INCH CUT WE REFLEX TO THE RECORD WHICH REVEALS STITCHES REMOVED FROM RIGHT EYE. THE QUESTION IS WHO'S IN MEDICAL TRYING TO COVER UP WHAT MYERS + KANABY DID? AND WHY? ALSO IF ALL X-RAYS WERE TOOK AS STATED THEN WHY DID THEY X-RAY THE RIGHT SIDE ON 6-9-15 READ ATTACHED REQUESTSIP.

RELIEF IS SAME AS LISTED ON GRIEVANCE

INMATE SIGNATURE *[Signature]*

E.1 OF E.3

Form DC-135A

cc: file

INMATE'S REQUEST TO STAFF MEMBER

MARTIN V. DIC

566563-15

565638-15

ECT...

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

SUPERINTENDENT

2. Date:

6-24-15

3. By: (Print Inmate Name and Number)

TYRONE MARTIN RC 5108

4. Counselor's Name

Tyron Martin

Inmate Signature

5. Unit Manager's Name

MORDEA

6. Work Assignment

7. Housing Assignment

RDV 24

8. Subject: State your request completely but briefly. Give details.

I WOULD ASK TWO QUESTIONS OF MERIT.

#1. DO YOU BELIEVE IN YOUR HEART THAT
A C/O WOULD ADMIT THAT HE RETALIATED
AGAINST A INMATE?

#2. DO YOU BELIEVE THAT C/O'S WILL LIE?

THANK YOU FOR YOUR TIME!

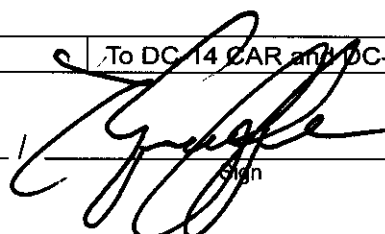
9. Response: (This Section for Staff Response Only)

I can not speak of the interviewing
of all employees however, when there is
reason to suspect, I can assure you that
I send it to the Security Office for action.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print



Date

6-25-15

PLEASE RESPOND WITHIN POLICY ALLOWED TIME

124

E.2 OF E.3

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections	
		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) Mr. [illegible]		2. Date: 5-7-15	
3. By: (Print Inmate Name and Number) MARSHALL KC 5108 Supreme Marfo Inmate Signature		4. Counselor's Name	
		5. Unit Manager's Name MEARDER	
6. Work Assignment		7. Housing Assignment ATTU 24	
8. Subject: State your request completely but briefly. Give details.			
I NEED TO SPEAK WITH YOU ASAP. BEING DENIED FOOD DAILY. REVIEW ATTU VIDEO. BEING DENIED MEDICAL			
9. Response (This Section for Staff Response Only)			
I will follow your directions to the security office and investigation.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Chin cot, Chin cot

Print

Sign

Date

5/11/15

cc: CH. Fitchman

E.3 of E.3

Form DC-135A

CC: File

Commonwealth of Pennsylvania
Department of Corrections

INMATE'S REQUEST TO STAFF MEMBER

MARTIN V. MED DEPT

GRIEVANCE 566563-15

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

WHITESSEL

2. Date:

6-9-15 (X-RAYS TOOK)

3. By: (Print Inmate Name and Number)

INMATE MARTIN KC5108

4. Counselor's Name

Suzanne Martin
Inmate Signature

5. Unit Manager's Name

MORDELL

6. Work Assignment

7. Housing Assignment

E111U 24

8. Subject: State your request completely but briefly. Give details.

ONCE AGAIN THE X-RAY (TECH) DID NOT TAKE ANY FRONT FACIAL X-RAY. MY NOSE WAS FRACTURED ON BRUISE ON 5-5-15 AND ITS AS IF STAFF IS TRYING TO COVER UP MY INJURIES. SHE WAITED OVER ONE MONTH TO X-RAY THE RIGHTSIDE OF MY FACE WHERE THE DAMAGE WAS DONE THE SUPERINTENDENT ADVISE ME TO WRITE YOU YET DILES?? DID NOTH.

I have discussed your X-ray in depth with CCS providers and the Practitioners. The X-ray provided a full image of your head and was taken appropriately. The X-Ray Technician is properly trained and was well aware of what was requested by the practitioners. There is no conspiracy to hide anything. You have been provided medical care above and beyond what could be expected. I am confident you are receiving proper medical care as it relates to your concerns.

Supt. Kauffman; Mr. Dreibelbis, CHCA; Ms. Cutshall, CCS, Dr. Eisenberg; DC15: MS. PORTA, PAC Medical

Deputy Whitesel

6/11/2015

PLEASE RESPOND WITHIN POLICY ALLOWED TIME

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

MS POLTA

2. Date:

6-18-15

3. By: (Print Inmate Name and Number)

TYRONE MARTIN KC5108

4. Counselor's Name

5. Unit Manager's Name

MONDER

6. Work Assignment

7. Housing Assignment

RHC 24

8. Subject: State your request completely but briefly. Give details.

WHERE WERE MY INJURIES
LOCATED? ON WHAT SIDE OF
MY FACE DID I HAVE
STITCHES?

Right side & Right Cheek

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

MS. Cutshall

Print

Sign

Date

6-23-15

PLEASE RESPOND WITHIN THE TIME FRAME ABOVE

INITIAL REVIEW RESPONSE

SCI-Smithfield
PO Box 999, 1120 Pike Street
Huntingdon, PA 16652

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows:

Inmate Name:	Martin, Tyrone	Inmate Number:	KC5108
Facility:	SCI-Smithfield	Unit Location:	CA/23
Grievance #:	561652-15	Grievance Date:	4/13/15
Publication (if applicable):			
Decision:	<input type="checkbox"/> Uphold Inmate <input type="checkbox"/> Grievance Denied <input checked="" type="checkbox"/> Uphold in part/Denied in part		
<i>It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance, and relief sought.</i>			
Response:	Frivolous:		
<p>I am in receipt of your grievance #561652-15 where you report on 4/13/15 that the officer on C block are bias regarding the phones. They allow some inmates to use open phones but not everyone. You state that there are not enough phones on the block to allow inmates proper access. Also, you state that the jail is too small and the cells are actually single cells. You state that there is no reason to stop an inmate from using an open phone other than to harass inmates. You are requesting that staff allow inmates to use the phones.</p> <p>I spoke to you regarding this grievance. The lower phone rates and increased demand for the phones have caused ongoing issues for both staff and inmates. You believe that there is bias on the block and that some inmates are given preferential treatment. You may be correct in that staff may offer times to inmates who they believe are less problematic than others. There is no proof to that allegation. You are also correct that there are not enough phones. Deputy Wakefield has given much thought on how to be fair and equitable with phone usage until we have more phones. This policy was outlined via memo and began on 4/22/15. Additional phones are on order. Obviously, cell size can't be changed. Your concerns will be addressed soon and the phone issues will be a thing of the past. This grievance is upheld in part and denied in part.</p> <p>RS</p>			
Signature:	M. Morder <i>M. Morder</i>		
Title:	UM		
Date:	4/27/15		

cc: Superintendent Kauffman
Major Chism
Deputy Wakefield
Deputy Whitesel
DC15

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review
 Issued: 12/1/2010
 Effective: 12/8/2010

Attachment 1-D

EXHIBIT - 24 -

Dist.
4/30/15
W7W

INITIAL REVIEW RESPONSE

SCI Smithfield
1120 Pike Street, PO Box 999
Huntingdon, PA 16652

This serves to acknowledge receipt of your grievance to the assigned Grievance Officer. The response is as follows.

Inmate Name:	Tyrone Martin	Inmate Number:	KC5108
Facility:	SCI Smithfield	Unit Location:	RHU
Grievance #:	573571-15 Appeal Remand Response	Grievance Date:	06-29-15
Decision:	<input type="checkbox"/> Uphold Inmate <input checked="" type="checkbox"/> Grievance Denied <input type="checkbox"/> Uphold in part/Denied in part		
<i>It is the decision of this grievance officer to uphold, deny or uphold in part/deny in part the inmate's initial grievance. This response will include a brief rationale, summarize the conclusion, any action taken to resolve the issue(s) raised in the grievance and, relief sought.</i>			
Response:	Frivolous: <input checked="" type="checkbox"/>		
Remanded Response: Inmate Martin is grieving PAC Porta for allegedly lied in telling him the she could not examine him because he was a security risk. Inmate Martin alleges that she stated that she would write down a few things (medical issues). He reports this to be retaliation due to his request for medical records to be sent to his family doctor. Inmate Martin also alleges the medical department is trying to cover up his injuries due to a grievance response from Superintendent Kauffman on 6/17/15 that states no injuries on the right side of his face. This is why Dr. Kephart did not order a right side view. Inmate Martin is seeking proper medical treatment, retraining of staff and money. I have reviewed inmate Martin's medical chart and spoke to PAC Porta about inmate Martin's concerns in this grievance. On 06-29-15 all of inmate Martin's medical concerns had been addressed previously and did not require for him to be seen outside of the cell. It is not clear as to what inmate Martin is grieving in his statement, "she stated that she would write down a few things." PAC Porta did write down a note in his medical record on 06-29-15 and there is no indication that she meant to write anything else. PAC Porta did make the statement that inmate Martin was a "security risk" and was not going to be pulled out of his cell unless he presented new symptoms that required a physical exam. Due to the security concerns of pulling an inmate out of the RHU cell. On 7/1/15 PAC Porta did have inmate Martin pulled out his cell for an examination of his knee and ordered Ibuprofen for his complaints of knee pain and swelling. During this period of time it should also be noted that inmate Martin was signing up for sick call almost every day. PAC Porta did discuss that inmate Martin would have to send a request to medical records if he wanted to review his medical records. PAC Porta did not examine inmate Martin on 06-29-15 because the medical concerns he reported were already addressed multiple times. Inmate Martin is already provided with appropriate medical care and I find no merit to support the need to retrain staff or any retaliation against him. Inmate Martin's request for monetary payment is denied. I find this grievance to be frivolous. Superintendent Kauffman quoted from a grievance response from Nursing Supervisor Hartman on 6/17/15. In this response Nurse Supervisor Hartman had mistakenly stated that there were no injuries to the right side of inmate Martin's face when in fact there was a laceration and bruising on the right side of inmate Martin's			

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 1 – Grievances & Initial Review

Issued: 4/27/2015
 Effective: 5/1/2015

Attachment 1-D

EXHIBIT-25-

face. Even though RNS Hartman did write misinformation in the grievance response about the location of inmate Martin's facial injuries the answer of the grievance response remains the same. Inmate Martin highlighted the section of the 6/17/15 grievance response that states the full skull x-ray encompassed the right side of his face and showed no fractures. Dr. Kephart was aware of the injuries to inmate Martin's right side of his face when he ordered the x-ray series on 5/12/15. Dr. Eisenberg reordered the facial x-rays for inmate Martin on 6/9/15 and these x-rays also showed the same results as the x-rays 5-12-15 of no fractures of the right side of inmate Martin's face.

I still find no merit to any of inmate Martin's issues that he brings up in his grievance appeal. RNS Hartman was addressed concerning the misinformation provided in the grievance response, prior to this grievance appeal. The answer to the grievance still remains the same that inmate Martin does not have any facial fractures. PAC Porta had inmate Martin pulled out of his cell when his care dictated this action and did not have anything to do with him being a security risk. His medication was also ordered appropriately for his complaints of pain and swelling of his knee. All of inmate Martin's care has been appropriate to date.

ADS

Signature:	
Title:	CHCA
Date:	8/5/15

cc: Facility Grievance Coordinator
DC-15
File

A24

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER		Commonwealth of Pennsylvania Department of Corrections	
		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Major [Signature]</i>		2. Date: <i>5-7-15</i>	
3. By: (Print Inmate Name and Number) <i>TYRONE MARSHALL</i> <i>KC 5108</i>		4. Counselor's Name	
Inmate Signature		5. Unit Manager's Name <i>MORDEEN</i>	
6. Work Assignment <i>NONE</i>		7. Housing Assignment <i>KATU 24 CELL</i>	
8. Subject: State your request completely but briefly. Give details.			
<p>PLEASE PRESERVE ALL VIDEO FOOTAGE INCLUDING INFILTRANT OF UNIT. ALSO PRESERVE CALLOUT SHEET FOR 5-5-15 ALL 5-5-15 VIDEO IS REQUESTED AS WELL AS CALLOUT PASSES, PRINTED. ALL STATEMENTS GATHERED FROM STAFF AND INMATES ALONG WITH PHONE CALL RECORDING 14:20 PM</p>			
9. Response: (This Section for Staff Response Only)			
<p><i>I WAS REACHED BY STAFF</i></p> <p><i>I will forward your allocation and request to the Security Director for instructions.</i></p>			
To DC-14 CAR only <input checked="" type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

Revised July 2000

CC: CMA: Eichenlaub
EXHIBIT-26-

Mc Zappa

CONSULTATION RECORD

Part A: Completed by referring facility		Type of Consult: (Circle) Initial <u>Follow-up</u> On-Site Off-Site Telemedicine			
Referred to: <u>PT</u>		If Off-Site: (Circle) <u>OV</u> OS XR DI		Authorization #: <u>3127533</u>	
Last PPD: Date: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive mm: _____		Drug Sensitivity:		Appt. Date/Time: <u>12-14-15</u>	
Relevant health information attached: (Circle) Yes No		<input type="checkbox"/> Must schedule consult no later than: _____ <input type="checkbox"/> Routine			
History of Present Illness/Injury/Physical Findings:					
<p style="font-size: 1.2em;">44 y/o @ 1 hr Post</p> <p style="font-size: 1.2em;">Saw 9/23 -</p> <p style="font-size: 1.2em;">Provided HEP</p> <p style="font-size: 1.2em;">Reverting 3 mto FLU</p>					
Treatment to Date/Current Medications and Significant Medication History:					
<p style="font-size: 1.2em;">James Frommer, DO <u>06581</u></p> <p style="font-size: 1.2em;"><u>[Signature]</u> 9/24/2015</p> <p style="font-size: 0.8em;">Signature of Referring Physician Date</p>					
UR Decision: Site Medical Director (Check) <input checked="" type="checkbox"/> Approval		Signature/Date: <u>06581</u>			
<input type="checkbox"/> Alternate Treatment Plan (ATP) <input type="checkbox"/> Reviewed & Forwarded		James Frommer, DO 9/24/2015			
UR Decision: Regional Medical Director (Check)		Signature/Date:			
<input type="checkbox"/> More Information <input type="checkbox"/> Approval <input type="checkbox"/> ATP <input type="checkbox"/> Reviewed & Forwarded					
UR Decision: State Medical Director (Check)		Signature/Date:			
<input type="checkbox"/> More Information <input checked="" type="checkbox"/> Approval <input type="checkbox"/> ATP		per protocol - 10.2.15			
Part B: (Check) <input type="checkbox"/> Findings & recommendations are to be completed by Consultant and returned with officer to the facility					
<p>S. Continues to report @ knee pain & swelling.</p> <p>O - @ knee Pain WNL.</p> <p>(+) Pain popliteal space - over proximal lateral knee jt.</p> <p>(+) patella femoral pain (d) crepitus</p> <p>(-) ligamentous testing. Anti @ 3 gait deviation</p> <p>A - Patella femoral syndrome P - Rec: Uninjured knee brace & open patella (14 lb)</p> <p>Continue to knee exercise program for ROM & strengthening.</p>					
Signature of Site/Regional/State Medical Director: <u>[Signature]</u>		Date/Time: <u>12/14/15</u>		Signature of Consultant: <u>[Signature]</u>	
Date/Time: <u>12/14/15</u>		Date/Time: <u>12/14/15</u>			

Commonwealth of Pennsylvania
Department of Corrections
Consultation Record
DC-441

Inmate Name: Martin, Tyrone
Inmate Number: KC 5108
DOB: 10/3/1971
Facility: Smithfield 9

Revised 1/2011

WHITE: Medical Record

CANARY: Consultant

PINK: Medical Record (Pending)

EXHIBIT-27-

✓ PTRA
✓ ERMA-10.2.15
12-14-15
1345

Mr. Zappa

CONSULTATION RECORD

Part A: Completed by referring facility	Type of Consult: (Circle) Initial Follow-up <u>On-Site</u> Off-Site Telemedicine
Referred to: <u>PT</u>	If Off-Site: (Circle) <u>OV</u> OS XR DI
Last PPD: Date: _____ Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive mm: _____	Authorization #: <u>3027440</u> Appt. Date/Time: <u>9-23-15</u>
Relevant health information attached: (Circle) Yes No	<input type="checkbox"/> Must schedule consult no later than: _____ <input type="checkbox"/> Routine
History of Present Illness/Injury/Physical Findings: <u>44 y/o AA 5'2" @ 160 lbs. Pain.</u> <u>No Internal derangement.</u> <u>Pain provides a stretching program</u> <u>in his hamstring group.</u>	
Treatment to Date/Current Medications and Significant Medication History:	
<div style="text-align: right;"> <u>[Signature]</u> 9/3/2015 Signature of Referring Physician Date </div>	
UR Decision: Site Medical Director (Check) <input checked="" type="checkbox"/> Approval <input type="checkbox"/> Alternate Treatment Plan (ATP) <input type="checkbox"/> Reviewed & Forwarded	Signature/Date: <u>[Signature]</u> 9/3/2015
UR Decision: Regional Medical Director (Check) <input type="checkbox"/> More Information <input type="checkbox"/> Approval <input type="checkbox"/> ATP <input type="checkbox"/> Reviewed & Forwarded	Signature/Date: <u>[Signature]</u> 10/2/15
UR Decision: State Medical Director (Check) <input type="checkbox"/> More Information <input type="checkbox"/> Approval <input type="checkbox"/> ATP	Signature/Date: _____
Part B: (Check) <input type="checkbox"/> Findings & recommendations are to be completed by Consultant and returned with officer to the facility	
<u>S. C/C (L) knee pain since 5/5/15 from altercation to guard.</u> <u>(+) swelling (+) crepitus (+) patellar femoral pain</u> <u>Rem 0/120 Strength 5/5 (+) patellar tendon</u> <u>Anterior (+) joint laxation</u> <u>A - Patellar tracking problem</u> <u>James Frommer, DO 1/26/2015 06570</u> <u>11/23/2015</u>	
Signature of Site/Regional/State Medical Director	Signature of Consultant

Commonwealth of Pennsylvania
Department of Corrections
Consultation Record
DC-441

Revised 1/2011

WHITE: Medical Record

Inmate Name: Martin, TyroneInmate Number: KC 5103DOB: 10/31/1971Facility: SCI - Elm

CANARY: Consultant

PINK: Medical Record (Pending)

EXHIBIT-28-

PROGRESS NOTES

Date/ Time	Discipline Ab- breviation	Remarks Subjective, Objective, Assessment, Plan
2/9/15 0755	PAC	S - Sick Call go bubble near his eye that he noticed yesterday. Irritation reports rubbing eye. Pt feels like it is a rock in his eye. O: A-Ox3 NAD
Copy 5.00		R eye - mild scleral injection & rubbing small sty under upper lid
		A - Hordeum
		P - encouraged warm compresses QID No indication for antibiotic at this time
		Avoid rubbing eye.
		Flu prn
		KRISTIN BERNARD PAC
5-5-15 1505		Female involved in a fight - sustained a deep laceration on her left upper lip which has been closed with 4 sutures. She was disoriented and passing out on the floor.

Progress Notes
Commonwealth of Pennsylvania
Department of Corrections
DC-472

Revised 3/2007

Name: Martin, Tyrone

Number: KC5108

DOB: 10/3/71

Facility: SMI EXHIBIT-29-

Inmate Name:

Inmate Number:

Date/ Time	Discipline Abbreviation	Remarks Subjective, Objective, Assessment, Plan
6/2/15	PAC	Patient was able to sit quietly today and listen to
1200	(cont)	my assessment of his situation. He was given
		ample chance to state and explain his complaints
		as well. He re-states that his complaints include
		Right sided facial pain and swelling near his cheek
		bone and eye socket and a palpable bump. He states
		he has left leg pain and noticed a bump on his knee-cap
		which he believes was not there before. States the pain
		is higher up in his posterior thigh (indicates with his hand
		and causes charlie-horse pain + tingling + shooting
		sensation down his calf to his pinky toe on left foot.
		He continues to be argumentative about an xray
		of his face which he states was done wrong.
		"They only xrayed the left side and not the right."
		He explains and demonstrates the position he was placed
		for xray with his injured side (Right cheek)
		against the xray plate. He feels this is wrong.
		Also cannot understand that the three views he
		had done should be sufficient to show any structural
		abnormalities of fx of orbital bones, zygomatics,
		or nasal bones. "I feel a lump at my right cheek
		and my eye, it has to be on the xray."
		O: ABH, NAD, Amb to triage room..
		Knees: bilat laxity & swelling & deformity. Non-tender
		Anterior joint line, MCL/LCL.
		Left hamstring: mildly tender and indurated muscle
		group. No separation noted. tendons intact.
		Vendor: P.uta / J. / J. PAC

EXHIBIT-30-

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

ME: 2015-SMI-00089
CC: FILE

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

SUPERINTENDENT

2. Date:

3-23-16

3. By: (Print Inmate Name and Number)

TYLONE MARTIN

KC 5108

Inmate Signature

4. Counselor's Name

LUTTON

5. Unit Manager's Name

MONDEL

6. Work Assignment

ME: 5-5-15

7. Housing Assignment

14

8. Subject: State your request completely but briefly. Give details.

THE X USE OF FORCE OCCURRENCE RECORDS FOR 2015-SMI-00089 (5-5-15) DOES NOT MENTION ANY BLOOD NONE DOES IT STATE WHO ORDERED (MY) BLOOD TO BE CLEANED UP AND WHY "GAFF" FAILED TO TAKE ANY PHOTOS OF A BLOODY ALLEGED STAFF ASSAULT. WHY IS THIS INFORMATION BEING WITH HELD? AND WHY IS THERE NO PICTURES OF STAFF'S BLOODY CLOTHES? BICKLE, MYERS, KANAGY, DICKSON, ECT. >

9. Response: (This Section for Staff Response Only)

I assume you are reviewing the EOD through discovery? You need to address your issues to your attorney who will then contact the DOC Attorney.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Date

3-24-16

Revised July 2000

EXHIBIT-31-

cc: walked
CSA X 2
Chisum

PLEASE RESPOND WITHIN POLICY ALLOWED TIME FRAME.

COPY

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER MARTIN V. DOC		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) GROVE		2. Date: 6-26-15	
3. By: (Print Inmate Name and Number) T. Martin KC5108 [Signature] KC5108 Inmate Signature		4. Counselor's Name	
6. Work Assignment		5. Unit Manager's Name MORDEN	
		7. Housing Assignment RTHU 24	
8. Subject: State your request completely but briefly. Give details.			
DO YOU BELIEVE THAT A C/O WHO RETALIATED AGAINST A INMATE WOULD ADMIT THAT FACT TO YOU?			
9. Response: (This Section for Staff Response Only)			
NO			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

A. Grove
Print

Sign

[Signature] Date 6/26/15

Revised July 2000

EXHIBIT-32-

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

**Commonwealth of Pennsylvania
Department of Corrections**

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

1. To: (Name and Title of Officer) SICIL CAVI P.A.

2. Date: 10-12-15

3. ~~By:~~ (Print Inmate Name and Number)

3. By: (Print Inmate Name and Number) YVANE MARTIN KC5108

4. Counselor's Name

5. Unit Manager's Name

5. Unit Manager's Name MORDELL

6. Work Assignment

7. Housing Assignment

19 RHC

8. Subject: State your request completely but briefly. Give details.

DID YOU EVER REVIEW THOSE X-RAYS
DATED 5-12-15, 5-19-15, AND 6-9-15?
IF SO WERE ANY OF THEM OF MY
EYE, NOSE AND FOREHEAD?
I REQUESTED TO REVIEW THEM WITH
YOU.

Response to Section 5 Staff Response Only

You've received your krap.
The krap you received were
of your head (face) including
your full face.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐**Staff Member Name**

Ms Cutshaw
Print

Sign

Date _____

10-1415

EXHIBIT-33-



TO Tyrone Martin, KC5108
SCI-Smithfield

FROM 
Stacey O'Mara
Staff Assistant – Central Region

DATE June 22, 2015

RE **Correspondence**

This is in response to your correspondence addressed to Secretary Wetzel regarding grievances you have filed. It has been referred to me for review and response.

Mr. Martin, I have reviewed your correspondence and available documentation. You recently filed grievances regarding medical treatment you have received and specifically grievance #565802, pertaining to an allegation of abuse. In accordance with DC-ADM 001, any grievance dealing with allegations of abuse are referred for investigation, which may extend the amount of time for responding to the grievance. The Initial Review Response will be completed by the assigned Grievance Officer when the results from the OSII are received.

It is not the role of this office to review and respond to grievances. It is your responsibility to utilize the Inmate Grievance System, including the grievance appeal procedures in accordance with DC-ADM 804. For final appeals, you are instructed to forward your appeals to:

Chief, Secretary's Office of Inmate Grievances and Appeals
Department of Corrections
1920 Technology Parkway
Mechanicsburg, PA 17050

I trust that the above information sufficiently addresses your concerns.

/so

cc: Superintendent Kauffman (w/attachments)
Director Barnacle, OSII (w/attachments)
Ms. Hollibaugh
Ms. Streightiff
carlking #2015-C43-000000194
Central Files
File

EXHIBIT-34-

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) A-2008 RICHARD MOYER		2. Date: 9-29-16	
3. By: (Print Inmate Name and Number) MARTIN KC5108 Inmate Signature		4. Counselor's Name	
6. Work Assignment		5. Unit Manager's Name	
7. Housing Assignment GA 208		8. Subject: State your request completely but briefly. Give details. I HAVE LEGAL ENVELOPES TO SHOW YOU AND I JUST FILED ANOTHER GRIEVANCE TODAY. SO YOU WILL SEE FOR YOURSELF THE DC ADM 803 VIOLATIONS.	
I CAME TO YOUR CELL THIS MORNING. AGAIN IF YOU ARE GOING TO GRIEVE AN ENVELOPE PLEASE HOLD ON IT UNTIL I SEE IT.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Richard Moyer
Print

Date

10-3-16

Revised July 2000

EXHIBIT-35-

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

KOHIER (um. K BLOCK)

2. Date:

3-1-16

3. By: (Print Inmate Name and Number)

TYNORIE MARTIN
KC5108

Inmate Signature

4. Counselor's Name

5. Unit Manager's Name

6. Work Assignment

7. Housing Assignment

14

8. Subject: State your request completely but briefly. Give details.

J. McCONAUGHEY TOLD YOU WHEN YOU QUESTION HIM, THAT MY LEGAL MAIL WAS OPEN (TAMPERED WITH) AND I PROVIDED YOU WITH THE COPY OF THE LETTER MY LAWYER SENT TO KAUFFMAN WHICH HAS THE ONLY ATTORNEY CONTROL NUMBER THAT I HAD. ONE IN WHICH LISA HOLLINBAUGH SAID WAS VALID YET YOU PROVIDED FALSE INFO TO E. STONE CONCERNING THIS ISSUE WHY? YOU ARE WELL AWARE THAT BLACK

I am ~~certain~~ certain that the number you showed to me was the information passed on. I have no other dealings with this part of your issue!! You are also correct that staff utilize black magic marker, but can not with 100% certainty say no I'm the one other.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

Print

Sign

Date

Revised July 2000

EXHIBIT - 36 -

PLEASE RESPOND IN WRITING WITH IN POLICY ALLOWED TIME FRAME.

2016

Final Appeal Decision
Secretary's Office of Inmate Grievances & Appeals
 Pennsylvania Department of Corrections
 1920 Technology Parkway
 Mechanicsburg, PA 17050

This serves to acknowledge receipt of your appeal to the Secretary's Office of Inmate Grievances and Appeals for the grievance noted below. In accordance with the provisions of DC-ADM 804, "Inmate Grievance System Policy", the following response is being provided based on a review of the entire record of this grievance. The review included your initial grievance, the Grievance Officer's response, your appeal to the Facility Manager, the Facility Manager's response, the issues you raised to final review, and (when applicable) any revised institutional responses required as a result of a subsequent remand action by this office. As necessary, input from appropriate Central Office Bureaus (e.g., Health Care Services, Chief Counsel, Office of Special Investigations and Intelligence, etc) may have been solicited in making a determination in response to your issue as well.

Tyrone Martin	KC5108
Smithfield	Smithfield
626311	
<input checked="" type="checkbox"/> Uphold Response (UR) <input type="checkbox"/> Uphold Inmate (UI) <input type="checkbox"/> Uphold in part/Deny in part	
<i>It is the decision of the Secretary's Office of Inmate Grievances and Appeals to uphold the initial response, uphold the inmate, or Uphold in part/Deny in part. This response will include a brief rationale, summarizing the conclusion, any action taken to resolve the issue(s) raised in the grievance and your appeal and relief sought.</i>	
<p>You state in your grievance that on 5/16/16 CO Parson provided you with legal mail that was opened. Mr. Moyer conducted an investigation into your allegations. The record reflects that the Unit Manager and Mailroom Supervisor was interviewed regarding your allegations. The record reflects that the Mailroom Supervisor recalled sending two envelopes into you on 5/16/16 that were unopened. The log clearly states that they were opened and the officer who had you sign the log verified that the mail was indeed opened. The record reflects that the envelopes were inspected and they were not ran through the letter opening machine by the mailroom staff. Although it cannot be determined who actually opened the mail, this issue has been addressed with staff.</p>	
Signature:	Dorina Varner <i>Dorina Varner</i>
Title:	Chief Grievance Officer
Date:	6/21/16

DLV

cc: DC-15/Superintendent Kauffman
 Grievance Office

DC-ADM 804, Inmate Grievance System Procedures Manual
Section 2 – Appeals

Attachment 2-F

EXHIBIT-37-

X

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <u>HOLLIBAUGH</u>		2. Date: <u>10-8-15</u>	
3. By: (Print Inmate Name and Number) <u>TYRONE MARTIN KC 5108</u> <u>Tyrone Martin</u> Inmate Signature		4. Counselor's Name	
		5. Unit Manager's Name <u>MURDER</u>	
6. Work Assignment		7. Housing Assignment <u>19.</u>	
8. Subject: State your request completely but briefly. Give details. <u>ON 5-12-15, 5-19-15, + 6-9-15 MS ROSS AND WHO ELSE ARE TO BLAME NEVER TOOK ANY FRONT FACIAL X-RAY FURTHERMORE EACH SIDE VIEW IS ANGLED. GRIEVANCE IS ON FILE. AND TODAY 10-8-15 C/O J.E. SAFKO TOOK ME TO REVIEW X-RAYS WHICH REVEALED WHAT IVE STATED ALL ALONG NO X-RAYS OF MY FACE WERE TOOK (FRONT). CONCEALING MY INJURIES FROM THIS SUBTLE INVESTIGATION. ARE YOU IN ON THIS?</u>			
9. Response: (This Section for Staff Response Only)			
<p><u>I do not oversee the medical</u></p> <p><u>Dept. Contact Mr. Durbelbis</u></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Print

Sign

Date

10/13/15

Revised July 2000

EXHIBIT-38-

PLEASE RESPOND WITH IN THE INMATE POLICY ALLOW'S

PLEASE RESPOND WITHIN THE TIME FRAME POLICY PROVIDES.

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER CC: FILE ATTORNEY Deputy Whitesel		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) DEPUTY WAKEFIELD		2. Date: 7-27-15	
3. By: (Print Inmate Name and Number) THAMIE MARVIN KC5108 Inmate Signature		4. Counselor's Name	
		5. Unit Manager's Name MOLDER	
6. Work Assignment AM MAIL CART		7. Housing Assignment A110 24	
8. Subject: State your request completely but briefly. Give details. AS YOU ADVISED I CONTINUE TO FALL OUT SICK DAYS YET IT IS CLEAR THAT OFFICIAL OPPRESSION, DELIBERATE INDIFFERENCE, CRUEL AND UNUSUAL PUNISHMENT AS WELL AS RETALIATION (INTIMIDATION) IS BEING DIRECTED TOWARDS ME. JOHN NICHOLS, MD WROTE IN HIS REPORT "CT IS SUGGESTED, RADIOGRAPHS SUGGESTED" DEALING WITH MY FACIAL INJURIES. A FULL BLOWN COVER UP IS CLEARLY UNDERWAY. WHY? 79 REVIEW CHART 6.9.15 (6.11.15)			
9. Response: (This Section for Staff Response Only)			

I have reviewed your medical chart with the assistance of Mr. Dreibelbis, CHCA. Dr. Nichols actual comments are this: "the orbits appear symetric in size and shape. There is no evidence of a gross fracture of the manible or maxillary alveolar ridge (and that) there are no actual maxillofacial fractures present on the 2nd set of x-rays", (which is the same conclusions from both x-rays). Dr. Nichols does leave the option open for a CT scan if those providing care suspect there may be a maxillofacial fracture. At no point does Dr. Nichols order a CT scan or absolutely determine that one is necessary. Properly credentialed Physicians continue to evaluate you and will make determinations based upon their findings. The information is readily available in your medical record, I find no evidence of anyone attempting to cover anything up. You are seen on PA Line or sick call on a regular basis. I do not find any neglect as it relates to your medical care. In fact, I find you are receiving care above and beyond what would normally be expected.

Supt. Kauffman; Ms. Cutshall, CCS; Mr. Dreibelbis; Dr. Frommer; Mr. Grove, K Unit Mgr

Deputy Whitesel

7/30/2015

Deputy Wakefield; Major Chism

EXHIBIT-39-

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) DREW BELKIS		2. Date: 4-2-16	
3. By: (Print Inmate Name and Number) TYMONE MARTIN KC5108 Inmate Signature		4. Counselor's Name	
		5. Unit Manager's Name	
6. Work Assignment		7. Housing Assignment 19	
8. Subject: State your request completely but briefly. Give details.			
<p>MEGAN ADVISE ME THAT SHE PUT ME DOWN FOR PHYSICIA/THERAPY AFTER X-RAYS WERE TAKEN OF MY SHOULDER. AND THAT BOTH MY LEFT KNEE + ^{LEFT} SHOULDER WOULD BE ADDRESSED. HOWEVER ZAPPA CAME ON 4-1-16 AND SAID "I RECOMMENDED THE KNEE BRACE BUT ITS UP TO THE INSTITUTION TO PROVIDE IT OR NOT! AND YOUR SHOULDER IS NOT ON MY LIST. WHY IS TREATMENT BEING DENIED? AND TELL ME I DON'T WANT THAT</p> <p>SOME EXCUSE (MASS BARRAGE) B.S.</p> <p>Your xray on 3/1 for your shoulder was negative.</p> <p>Mr. Zappa released you from PT. I spoke with him and he recommends you continue to do your exercises</p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

Ms Cutshall

Print

Sign

Date

4-4-16

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

CC:File

Commonwealth of Pennsylvania
Department of Corrections

A70

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

SECURITY

2. Date:

11-9-15

3. By: (Print Inmate Name and Number)

MARTIN RB 5708

4. Counselor's Name

5. Unit Manager's Name

Tyrone Martin

Inmate Signature

6. Work Assignment

7. Housing Assignment

20

8. Subject: State your request completely but briefly. Give details.

AT 4:05 PM C/O DICKSON QUESTIONED A
C/O AND INMATE WHO IS IN 14 CELL AS TO
WHERE I (TYRONE MARTIN) WAS LOCATED
REVIEW CAMERA PRESERVE FOOTAGE

DATE 11-9-15 TIME 4:00 PM TO 4:15 PM

The video will be saved on our
system until its expiration

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

ROBERT HART

Print

Sign

Date

11-12-15

Revised July 2000

inmate
cc: file
EXHIBIT-41-

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

1. To: (Name and Title of Officer)

SECURITY DEPARTMENT

2. Date:

11-5-15

3. By: (Print Inmate Name and Number)

TYRONE MARTIN, KC5108

4. Counselor's Name

5. Unit Manager's Name

MURDEN

Inmate Signature

6. Work Assignment

CIVIL ACTION

7. Housing Assignment

20

8. Subject: State your request completely but briefly. Give details.

PLEASE PRESERVE ALL VIDEO FOOTAGE FOR K-ROCK POPULATION SIDE BACKROOM 6 TO 2 SHIFT WHERE I AM REVIEWING MEDICAL RECORDS WITH RECORDS SUP. ON 11-3-2015. LITIGATION PENDING SPOILATION OF EVIDENCE AVE. 2ND REQUEST FIRST WAS SOME HOW SENT TO KAUFFMAN. THANK YOU! THIS IS ADVANCE NOTICE

THE VIDEO WILL BE SAVED ON OUR SYSTEM UNTIL ITS EXAMINATION.

To DC-14 CAR only ☐To DC-14 CAR and DC-15 IRS ☐

Staff Member Name

ROCKSTADT, [Signature]

Print

Sign

Date

11-12-15

Revised July 2000

inmate
cc: file

EXHIBIT-42-

PLEASE RESPOND WITH IN THE TIME FRAME Policy allows

Form DC-135A <i>CC: File</i>		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER <i>MARTIN V. DOC</i>		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
<i>565802-15</i> <i>565638-15</i>			
1. To: (Name and Title of Officer) <i>SUPERINTENDENT</i>		2. Date: <i>6-17-15</i>	
3. By: (Print Inmate Name and Number) <i>TYRONE MARTIN KC5108</i>		4. Counselor's Name	
<i>Supreme Markey</i> Inmate Signature		5. Unit Manager's Name <i>MOLDER</i>	
6. Work Assignment		7. Housing Assignment	
8. Subject: State your request completely but briefly. Give details.			
<p><i>AT WHAT POINT DOES A C/O GET TO DENY ME THE CHANCE TO SPEAK WITH A SGT OR LT ? DEALING WITH A PROBLEM CONSISTING OF C/O'S ? IS IT POLICY ?</i></p> <p><i>AND WHAT DOES THIS STATEMENT MEAN: "YOU HIT AN OFFICER AND COME TO THE KNU Full OF OFFICERS SHUT THE FUCK UP 1" ?</i></p> <p><i>REVIEW CAMERA 6-17-15 - 730.</i></p> <p><i>SO</i></p> <p><i>You do not name an officer for me to speak to however the lieutenant and sergeant are available on the wing through out the day on both shifts. I am also available and do rounds regularly. A review of the camera offers no audio but that statement would obviously be inappropriate.</i></p>			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name

A. Grove
Print

Sign

Date

Revised July 2000

CC: Supt Kauffman
EXHIBIT-43-

RESPOND WITHIN TIME FRAME PER POLICY

my copy

SICK CALL REQUEST

DATE 6-3-15

TIME _____

HOUSING UNIT/CELL 1440 24

INMATE NAME TYMONE MARTIN

NUMBER 1C5108

WORK SITE _____

COMPLAINT: LEFT KNEE (HAMSTRINGS)

RIGHT EYE @ CHEEK

SEE OTHEMSIDE

MEDICAL

MEDICATION REFILL

DENTAL

****MEDICATION REFILLS WILL STILL REQUIRE A SICK CALL VISIT****

I understand that this Sick Call WILL be subject to the fees contained in Regulation 37, PA Code 93.12 ET.SEC.

Signature [Signature]

PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL BOX ON THE HOUSING UNIT

cc: File

FOR MEDICAL USE ONLY

DC-138 A CASH SLIP

1. INMATE NAME LOCATION/HU DATE

2. MEDICAL/DENTAL CO-PAY

3. ITEMS TO BE CHARGED TO MY ACCOUNT

A fee of \$5.00 is charged for:

A non-emergency medical service provided at the patients request.

A medical service for injury or illness that is self-inflicted.

A medical service for injury or illness that is from participation in a sport activity.

A medical service for an assault or injury of another inmate.

A medical service to determine if an inmate's physical condition is suitable for participation in a sport.

An initial medication prescription (off for greater than 1 year); except for immunizations, tuberculosis testing, or other medications ordered for public health reasons.

Number of new medications _____ X \$5.00 each medication = _____

No Charge is applied to the visit for the following as determined by the Medical Staff:

A medical service provided during a follow-up scheduled by the medical department.

A service for mental health treatment.

A medical service for a chronic disease or illness that requires a return or regular visits as specified by the medical provider.

Other:

Instructions from DC-ADM 820, July 1, 2007

If a fee is to be charged for the medical service, the inmate shall sign an authorization form. A non-emergency medical service shall not be provided to an inmate who refuses to sign the authorization form after having been advised that a fee will be charged for the medical service. An inmate who refuses to sign the authorization, who does not sign a refusal of treatment form, and who accepts medical treatment will receive the services and his/her account will be debited.

TOTAL CHARGE

6. BUSINESS OFFICE'S SPACE

5. OFFICIAL APPROVAL

4. INMATE'S SIGNATURE

CHARGE ENTERED

DATE

BOOKKEEPER

\$

EXHIBIT-44-

my copy

SICK CALL REQUEST

DATE 6-4-15

TIME _____

HOUSING UNIT/CELL 14C 24INMATE NAME TYRONE MARYNUMBER 14C 5108

WORK SITE _____

COMPLAINT: NEED SOME THINGSFOR MY KNEE @ X-RAYSFOR MY EYE EYE DICTON☒ MEDICAL

____ MEDICATION REFILL

____ DENTAL

****MEDICATION REFILLS WILL STILL REQUIRE A SICK CALL VISIT****I understand that this Sick Call **WILL** be subject to the fees contained in Regulation 37, PA Code 93.12 ET.SEC.Signature [Signature]

PLACE THIS REQUEST FORM IN THE LOCKED MEDICAL BOX ON THE HOUSING UNIT

CC: F/ESEE OTHER SIDE

FOR MEDICAL USE ONLY

DC-138 A

CASH
SLIP

1. INMATE NAME

LOCATION/HU

DATE

2. MEDICAL/DENTAL CO-PAY

3. ITEMS TO BE CHARGED TO MY ACCOUNT

A fee of \$5.00 is charged for:

A non-emergency medical service provided at the patients request. _____

A medical service for injury or illness that is self-inflicted. _____

A medical service for injury or illness that is from participation in a sport activity. _____

A medical service for an assault or injury of another inmate. _____

A medical service to determine if an inmate's physical condition is suitable for participation in a sport. _____

An initial medication prescription (off for greater than 1 year); _____

except for immunizations, tuberculosis testing, or other medications ordered for public health reasons.

Number of new medications _____ X \$5.00 each medication = _____

No Charge is applied to the visit for the following as determined by the Medical Staff:

A medical service provided during a follow-up scheduled by the medical department. _____

A service for mental health treatment. _____

A medical service for a chronic disease or illness that requires a return or regular visits as specified by the medical provider. _____

Other: _____

TOTAL CHARGE _____

Instructions from DC-ADM 820, July 1, 2007

If a fee is to be charged for the medical service, the inmate shall sign an authorization form. A non-emergency medical service shall not be provided to an inmate who refuses to sign the authorization form after having been advised that a fee will be charged for the medical service. An inmate who refuses to sign the authorization, who does not sign a refusal of treatment form, and who accepts medical treatment will receive the services and his/her account will be debited.

4. INMATE'S SIGNATURE

6. BUSINESS OFFICE'S SPACE

5. OFFICIAL APPROVAL

CHARGE ENTERED

DATE

BOOKKEEPER

\$

EXHIBIT-45-

Form DC-135A INMATE'S REQUEST TO STAFF MEMBER <div style="text-align: center; font-size: 2em; font-weight: bold;">A24</div>	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) SUPERINTENDANT	2. Date: 5-18-15
3. By: (Print Inmate Name and Number) XXXXXXXXXX 108 Inmate Signature	4. Counselor's Name 5. Unit Manager's Name MORDER
6. Work Assignment	7. Housing Assignment Room 24
8. Subject: State your request completely but briefly. Give details. I CAME TO THE MHU ON 5-5-15 AND AS RETALIATION TACTIC I HAVE NOT RECEIVED MY PROPERTY. I HAVE AN ACTIVE APPEAL WITH DEADLINE CV-15-694	
9. Response: (This Section for Staff Response Only) I will have someone get with you. Concerning this issue.	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name

Print

Date

Revised July 2000

EXHIBIT-46-

Form DC-135A cc: File		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER MARTIN V. DOC 566563-15		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) WHITESE		2. Date: 5-28-15	
3. By: (Print Inmate Name and Number) TYLONE MARTIN KC 5108 Jyrra Martin Inmate Signature		4. Counselor's Name CUTTON.	
		5. Unit Manager's Name MORDEK	
6. Work Assignment		7. Housing Assignment RAFT 24	
8. Subject: State your request completely but briefly. Give details.			
TODAY I SPOKE TO THE SUPERINTENDENT WHO AFTER LOOKING AT MY KNEE (LEFT) ADVISE ME TO CONTACT YOU WITH THIS ISSUE ALONG WITH MY RIGHT EYE @ CHECK CONCERNS. HE SAID THAT YOU WOULD REVIEW THE PROBLEM. I THANK YOU IN ADVANCE FOR YOUR HELP WITH THESE ISSUES.			
9. Response (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

Form DC-135A <i>CC: FILE</i> INMATE'S REQUEST TO STAFF MEMBER <i>TYRONE MARTIN V. DOC</i>		Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>SUPERINTENDANT</i>		2. Date: <i>5-27-15</i>	
3. By: (Print Inmate Name and Number) <i>TYRONE MARTIN KC5108</i> <i>Tyrone Martin</i> Inmate Signature		4. Counselor's Name	
6. Work Assignment		5. Unit Manager's Name <i>MURDER</i>	
7. Housing Assignment <i>KHV 24</i>		8. Subject: State your request completely but briefly. Give details.	
<p><i>PLEASE PRESERVE ALL MEDICAL RECORDS OF STAFF WHO WENT TO OUTSIDE HOSPITAL. KANABY, MYERS DICKSON, ECT... ALONG WITH ALL VIDEO FOOTAGE AND MEDICAL RECORDS OF MYSELF... I SAY PLEASE AND THANK YOU IN ADVANCE FOR YOUR HELP.</i></p>			
To DC-14 CAR only <input type="checkbox"/>			
To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

Staff Member Name _____ / _____ Date _____
 Print Sign

565802-15

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
cc: File LAWYER			
1. To: (Name and Title of Officer) SUPERINTENDANT	2. Date: 5-26-15		
3. By: (Print Inmate Name and Number) TYRONE MARTIN KC5108 Tyrone Martin Inmate Signature	4. Counselor's Name LUTTON		
	5. Unit Manager's Name MUNDER		
6. Work Assignment	7. Housing Assignment RHU 24		
8. Subject: State your request completely but briefly. Give details.			
<p>PLEASE PRESERVE ALL PHONE RECORDINGS FROM C-A 5-5-15 220PM UNTIL END OF CALL OF UNKNOWN INMATE(S) THAT PHONE CONVERSATION RECORDED STAFF EXCESSIVE USE OF FORCE. AND WILL BE USE IN CIVIL ACTION.</p> <p>THANK YOU!!</p>			
<input type="checkbox"/> To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS			

Staff Member Name _____ / _____ Date _____
 Print Sign

Revised July 2000

EXHIBIT-49-

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
565802-15 MARTIN V. DOC			
1. To: (Name and Title of Officer) SUPERINTENDENT		2. Date: 6-8-15	
3. By: (Print Inmate Name and Number) TYRONE MARTIN KC5108 Tyron Martin Inmate Signature		4. Counselor's Name	
6. Work Assignment		5. Unit Manager's Name MORDEA	
		7. Housing Assignment M4U 24	
8. Subject: State your request completely but briefly. Give details.			
I NEVER GOT A CHANCE TO PRESS CHARGES AGAINST THE C/O'S INVOLVED IN BEATING ME. I WANT TO PRESS CHARGES TO INSURE THAT JUSTICE IS SERVED			
Section for Staff Response Only			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
Print Sign

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER 565802-15 MANTIN V. DOC		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) SECURITY		2. Date: 6-8-15	
3. By: (Print Inmate Name and Number) TYRONE MANTIN KC5108		4. Counselor's Name	
Inmate Signature Tyrone Martin		5. Unit Manager's Name MOLDER	
6. Work Assignment		7. Housing Assignment ATTU 24	
8. Subject: State your request completely but briefly. Give details.			
<p>I WISH TO PRESS CHARGES TO INSURE THAT THE ^MLEGAL SYSTEM IS AWARE OF ISSUE AT HAND. NO-ONE EVER ASK ME IF I WANTED TO HAVE C/O ARRESTED. PLEASE RESPOND WITHIN THE TIME POLICY PROVIDED.</p>			
To DC-14 CAR only <input type="checkbox"/> To DC-14 CAR and DC-15 IRS <input type="checkbox"/>			

Staff Member Name _____ / _____
 Print Sign Date

EXHIBIT-52-

Form DC-135A CC: FILE		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER MARTIN P. DC 565802-15 2015-A-300		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) SUPERINTENDENT		2. Date: 5-24-15	
3. By: (Print Inmate Name and Number) T. MARTIN KC5108 Tyrod Martin Inmate Signature		4. Counselor's Name	
		5. Unit Manager's Name MOLDEL	
6. Work Assignment		7. Housing Assignment 1HV 24	
8. Subject: State your request completely but briefly. Give details.			
<p>PLEASE PRESERVE THE DRUG TEST OF EACH C/O INVOLVED. IF YOU HAVE NOT TESTED THOSE INVOLVED PLEASE DO TO INSURE THAT DRUGS DID NOT PLAY A PART IN THESE ACTIONS.</p> <p>PLEASE RESPOND WITHIN THE TIME FRAME ALLOWED BY POLICY STANDARDS. THANK YOU!</p>			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

EXHIBIT-53-

Form DC-135A

INMATE'S REQUEST TO STAFF MEMBER

Commonwealth of Pennsylvania
Department of Corrections

INSTRUCTIONS

Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.

RE: MARTIN D. ADC
565802-15 2015-A-300

1. To: (Name and Title of Officer) *CC: FILE*
SUPERINTENDENT

2. Date: 5-28-15

3. By: (Print Inmate Name and Number)
TYMON E MARTIN KC 5108

4. Counselor's Name

Inmate Signature

5. Unit Manager's Name
MORDEEN

6. Work Assignment

7. Housing Assignment *NHV 24*

8. **Subject:** State your request completely but briefly. Give details.

WHEN REVIEWING THE TOTALITY OF THE CIRCUMSTANCES EVERYTHING WILL PLAY APART. THE EIGHTH AMENDMENT MAKES IT CLEAR THAT VIOLENT TOUCHES BY PRISON GUARDS GIVES RISE TO A FEDERAL CAUSE OF ACTION. THE INQUIRY IS NOT WHETHER A CERTAIN QUANTUM OF INJURY WAS SUSTAINED BUT RATHER WHETHER THE FORCE WAS APPLIED MALICIOUSLY & SADISTICALLY TO CAUSE HARM. DE MINIMIS LEVELS ALSO EXIST IN ISSUES SUCH AS THE CASE AT BAR.

AS IVE STATED I WOULD LIKE TO MOVE FORWARD WITH
SERVING MY TIME. AND WOULD BE WILLING TO SIGN OFF
FOR NEXT TO NOTHING.

IF IT IS AN OPTION OF YOUR OFFICE WE CAN TALK
IF IT IS NOT I UNDERSTAND YET I WAS ASSAULTED BY
YOUR STAFF. AND EXCESSIVE FORCE WAS CLEARLY USED.

THANK FOR YOUR TIME

9. Response (This Section for Staff Response Only)

Page 2 of 2

To DC-14 CAR only ☐

To DC-14 CAR and DC-15 IRS ☐

Staff Member Name _____ / _____ Date _____
Print Sign

Revised July 2000

EXHIBIT-54-

Form DC-135A 2015-A-300		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER RE: MARTIN V. DOC 565802-15		1 OF 2 INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) cc: FILE SUPERINTENDENT		2. Date: 5-28-15	
3. By: (Print Inmate Name and Number) TYRONE MARTIN RC5108 Tyrone Martin Inmate Signature		4. Counselor's Name 5. Unit Manager's Name MOLDER	
6. Work Assignment		7. Housing Assignment 1140 24	
8. Subject: State your request completely but briefly. Give details. I WOULD BE WILLING TO SIGN OFF ON THE ABOVE ISSUE. FOR LESS TO NOTHING I AM NOT ASKING FOR MUCH AND YOUR INVESTIGATION SHOWS EXCESSIVE FORCE. KANAGY, MYERS & DICKSON'S ACTIONS WERE VERY "MALICIOUSLY AND SADISTICALLY FOR THE VERY PURPOSE OF CAUSING HARM" WHITLEY V. AIBERS 475 US AT 320. THERE IS NO WAY THE ACTIONS OF THOSE LISTED AS WELL AS OTHERS WAS "IN A GOOD FAITH EFFORT TO MAINTAIN OR RESTORE DISCIPLINE". THE FORCE USED CAUSES THE LINE TO CONSTITUTE ABUSE AND UNUSUAL PUNISHMENT AND SEVERAL SUPREME COURTS ADDRESSES CASES SUCH AS THIS. 1) THE NEED FOR THE APPLICATION OF FORCE 2) THE RELATIONSHIP BETWEEN THE NEED AND THE AMOUNT OF FORCE ACTUALLY USED 3) THE EXTENT OF INJURY INFLICTED 4) THE EXTENT OF THE THREAT TO THE SAFETY PERCEIVED BY RESPONSIBLE OFFICIALS 5) THE EFFORTS MADE TO LESSEN THE SEVERITY OF THE OFFENSE SEE 2 OF 2			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Sign _____ Date _____

Print

EXHIBIT-55-

DC-804

Part 1

**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1920 TECHNOLOGY PARKWAY
MECHANICSBURG, PA 17050**

FOR OFFICIAL USE
578317-15
GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR	FACILITY: SMITH	DATE: 7-24-15
FROM: (INMATE NAME & NUMBER) TYRONE MARTIN KC 5108	SIGNATURE OF INMATE: Tyrone Martin	
WORK ASSIGNMENT:	HOUSING ASSIGNMENT: PHU 24	
INSTRUCTIONS: 1. Refer to the DC-ADM 804 for procedures on the inmate grievance system. 2. State your grievance in Block A in a brief and understandable manner. 3. List in Block B any action you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.		
A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages (one DC-804 form and one one-sided 8 1/2" x 11" page). State all relief that you are seeking. ON THE ABOVE DATE AROUND 4:30 PM (HOW TIME) ONE C/O KANAGY TRIED TO FEED ME. PLEASE PRESERVE PHU FOOTAGE FOR ABOVE DATE AND TIME (7-24-15) THIS C/O ASSAULTED ME ON 5-5-15 AND I AM IN THE PHU BECAUSE OF SITUATION. I ONLY ASK YOU TO REVIEW 7-24-15 AT 4:30 PM YET SAVE COMP-LET 2-10 FOOTAGE. 2-10 SHIFT HE IS CHANGING ME WITH ASSAULT AND TRIED TO GIVE ME A TRAY RELIEF. REQUESTED VIDEO TO BE SAVE. AND ANY RELIEF A COURT MAY AWARD.		
B. List actions taken and staff you have contacted, before submitting this grievance. HENRY (SGT), COOPER (CP), ATTORNEY, FAMILY AND GATHERED INMATE WITNESSES ASK FOR CAMERA FOOTAGE TO BE SAVED.		

Your grievance has been received and will be processed in accordance with DC-ADM 804.

Signature of Facility Grievance Coordinator

7-29-15

WHITE Facility Grievance Coordinator Copy
GOLDEN ROD Inmate Copy

CANARY File Copy

PINK Action Return Copy

relected 8/4/15

EXHIBIT-56-

PLEASE RESPOND WITHIN THE TIME POLICY ALLOWS

Form DC-135A CC: F.I.E		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER MARTIN V. PORTA; MED DEPT MY 6th REQUEST		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) MEDICAL RECORDS (DANA)		2. Date: 6-30-15	
3. By: (Print Inmate Name and Number) TYRONE MARTIN KC5108 Tyrone Martin Inmate Signature		4. Counselor's Name	
6. Work Assignment		5. Unit Manager's Name MURDER	
7. Housing Assignment RTU 24		8. Subject: State your request completely but briefly. Give details. I WAS TOLD TO WRITE TO YOU FOR MY MEDICAL RECORDS. IT WAS SAID THAT I WOULD NEED TO SEE YOU AGAIN BEFORE I COULD GET MY MEDICAL RECORDS (PER: PORTA) I SENT A CASH SLIP ON TWO SEPERATE TIMES 15-CV-694 MARTIN V. ATTORNEY GENERAL; IS MY PRO-SE CASE NUMBER. PLEASE PROVIDE ME WITH MY MEDICAL INFORMATION. MY 6th REQUEST	
9. Response: (This Section for Staff Response Only) Mr. Martin Per. Ms Hallenbaugh you will need to request your medical records thru the discovery process. At this time no charges have been applied to your account.			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name Dentrekin R47 Print Sign Date 7-7-15

Form DC-135A <i>CC: FILE</i> INMATE'S REQUEST TO STAFF MEMBER <i>MARTIN P. DOC</i> <i>565802-15</i>	Commonwealth of Pennsylvania Department of Corrections INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.
1. To: (Name and Title of Officer) <i>SUPERINTENDENT</i>	2. Date: <i>6-21-15</i>
3. By: (Print Inmate Name and Number) <i>TYRONE MARTIN KC5108</i> <i>[Signature]</i> Inmate Signature	4. Counselor's Name 5. Unit Manager's Name <i>MOLDER</i>
ISSUE: TERRORISM ISSUE: TERRORISM-THREATS	7. Housing Assignment <i>NUU 24</i>
8. Subject: State your request completely but briefly. Give details. <i>I DO NOT EXPECT YOU TO BELIEVE ME. YET I WILL ASK YOU TO PRESERVE THE NUU VIDED FOOTAGE THAT SHOWS 24 CELL (MY CELL) ON 6-19-15 2ND SHIFT 2 TO 10 PM. C/O MYERS WAS DUMB ENOUGH TO MAKE A VERBAL THREAT. FURTHERMORE HE DID IT ON THREE OCCASIONS I SAY PLEASE AND THANK YOU IN ADVANCE. "I THINK YOU SHOULD REVIEW THE FOOTAGE FOR YOURSELF." :D NOW PLEASE RESPOND WITHIN POLICY ALLOWED TIME FRAME.</i>	
<i>I will send cell this information to security. cc: Security</i>	
To DC-14 CAR only <input type="checkbox"/>	To DC-14 CAR and DC-15 IRS <input type="checkbox"/>

Staff Member Name _____

Print

Sign

Date

Revised July 2000

EXHIBIT-58-